National Listing of Providers Furnishing Kidney Dialysis and Transplant Services

January 1987

Health Care Financing Administration

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The *National Listing of Providers Furnishing Kidney Dialysis and Transplant Services* provides renal beneficiaries with a list of Medicare-approved providers who furnish kidney dialysis and transplant services. By including information on both the location of the providers and on the range of renal services available at those providers, this publication allows beneficiaries and those responsible for their care an imporved opportunity to make treatment decisions and referrals.

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January 1987

U.S. Department of Health and Human Services
Health Care Financing Administration
Bureau of Data Management and Strategy
Baltimore, Maryland
January 1987

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National Listing of Renal Providers by State

Alabama	22	Idaho	73	Missouri	109	Puerto Rico	153
Alaska	25	Illinois	74	Montana	113	Rhode Island	155
American Somoa	26	Indiana	81	Nebraska	114	South Carolina	156
Arizona	27	Iowa	83	Nevada	115	South Dakota	159
Arkansas	30	Kansas	85	New Hampshire	116	Tennessee	160
California	32	Kentucky	86	New Jersey	117	Texas	165
Colorado	50	Louisiana	88	New Mexico	120	Utah	176
Connecticut	52	Maine	93	New York	122	Vermont	178
Delaware	54	Mariana Islands	94	North Carolina	132	Virginia	179
District of Columbia	55	Maryland	95	North Dakota	135	Virgin Islands	184
Florida	57	Massachusetts	98	Ohio	136	Washington	185
Georgia	66	Michigan	101	Oklahoma	140	West Virginia	187
Guam	71	Minnesota	105	Oregon	143	Wisconsin	189
Hawaii	72	Mississippi	107	Pennsylvania	144	Wyoming	192

ACKNOWLEDGMENTS

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Medicare Renal Provider Statistics, By Calendar Years: 1973-85

Calendar Year	Total Providers	Total Hosp-Based Providers	Hospital Dialysis Providers	Independent Providers	Transplant Providers	For-Profit Providers	Approved Outpatient Stations
07/73	606	538	--	68	167	--	--
12/74	684	544	--	140	--	--	--
12/75	779	--	--	157	--	--	--
12/76	840	650	--	190	163	--	7,093
12/77	860	610	--	250	141	--	8,754
12/78	909	634	623	275	149	--	10,266
12/79	975	646	630	329	153	--	10,862
12/80	1,054	649	636	405	151	343	12,329
12/81	1,162	676	657	486	157	408	13,784
12/82	1,218	690	642	528	159	437	14,438
12/83	1,309	682	620	627	159	504	15,506
12/84	1,368	700	622	668	170	544	16,594
12/85	1,463	715	632	748	178	616	17,845
12/86	1,578	717	639	861	184	715	19,383

NOTE: Columns do not equal to total. Blanks indicate data not available.

FIGURE 1
TOTAL GROWTH RATE
ALL MEDICARE RENAL PROVIDERS

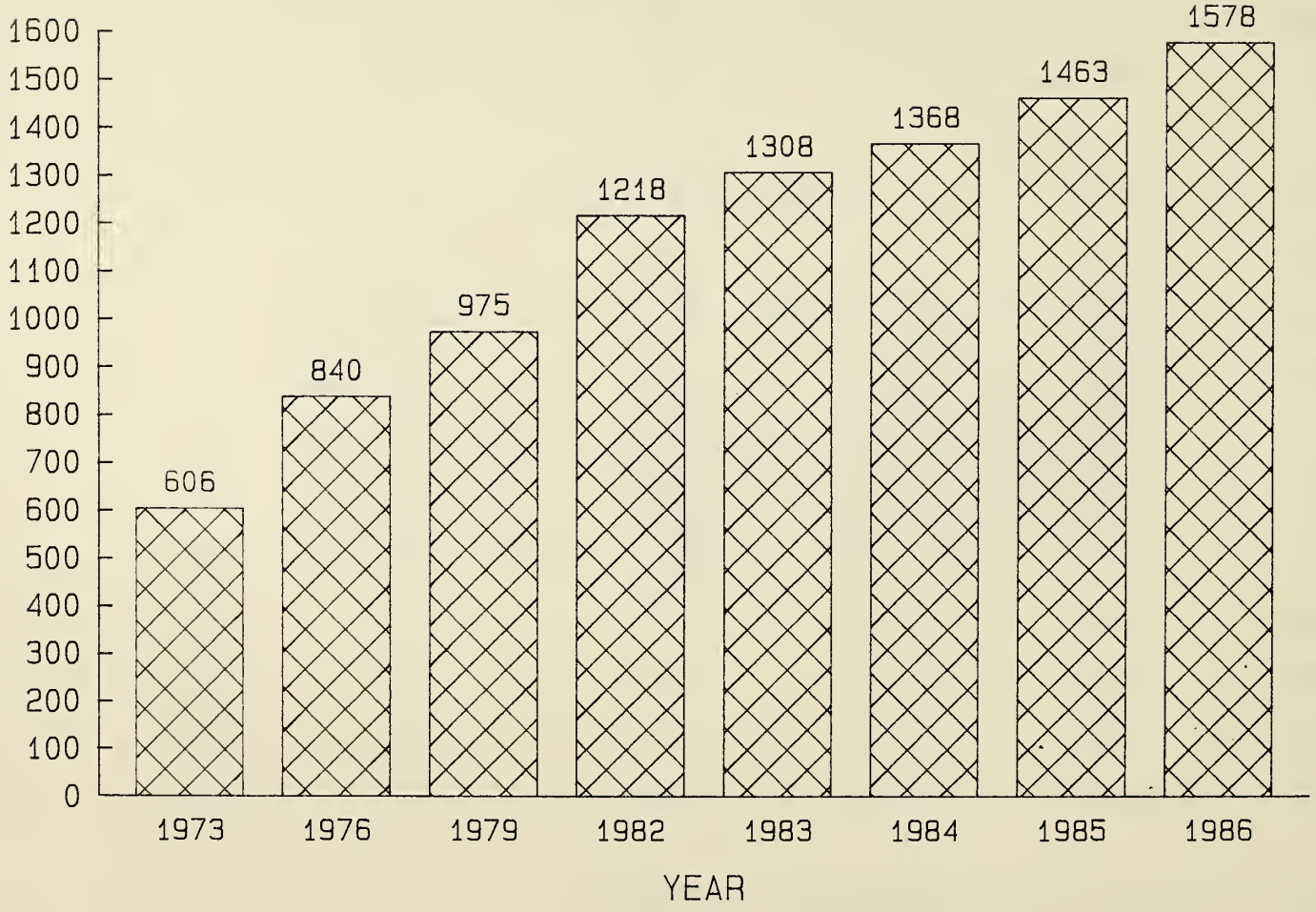


FIGURE 2
DIALYSIS GROWTH RATE
HOSPITAL TO INDEPENDENT

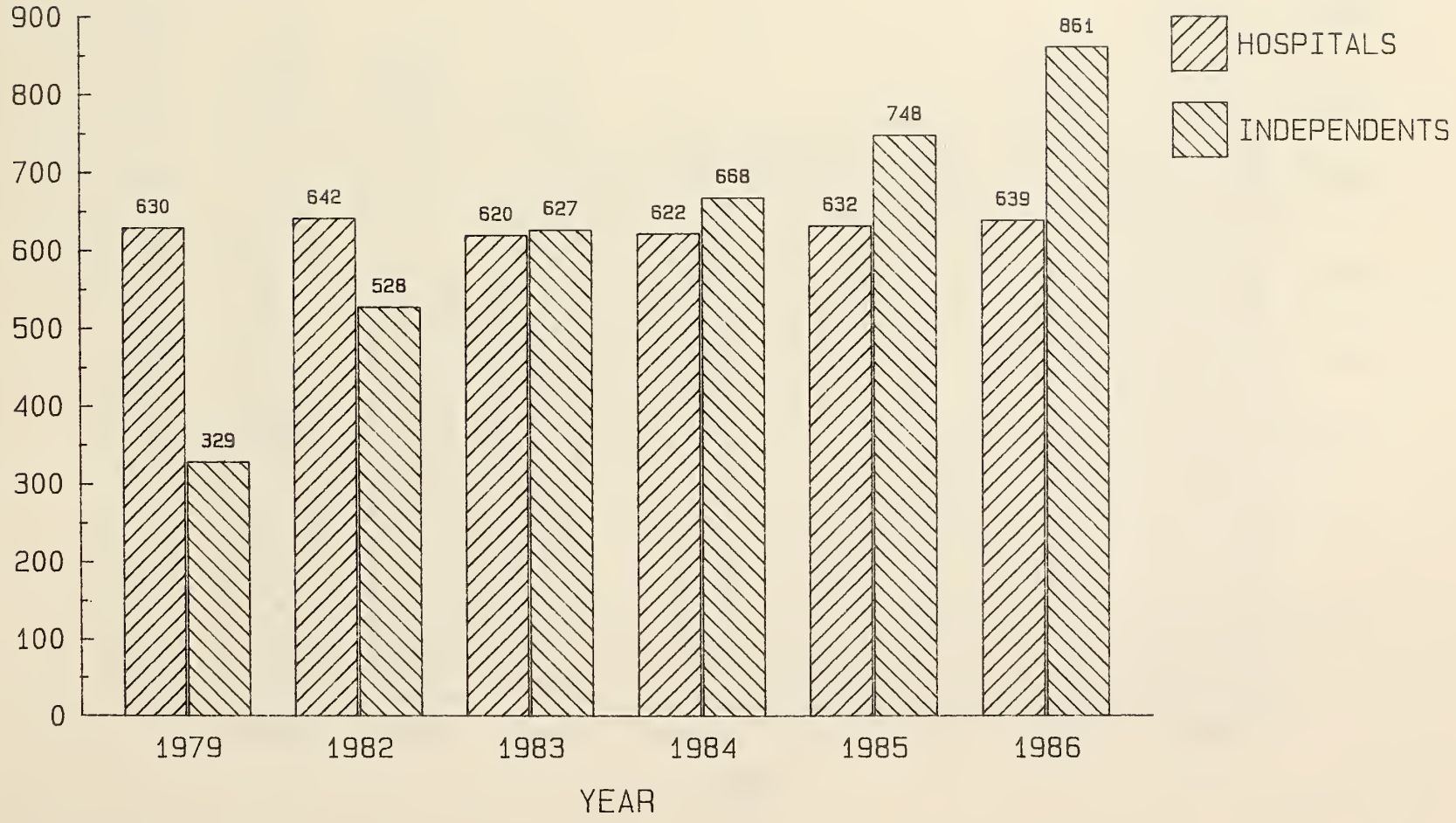


FIGURE 3
TRANSPLANT CENTER GROWTH
RENAL TRANSPLANT PROVIDERS ONLY

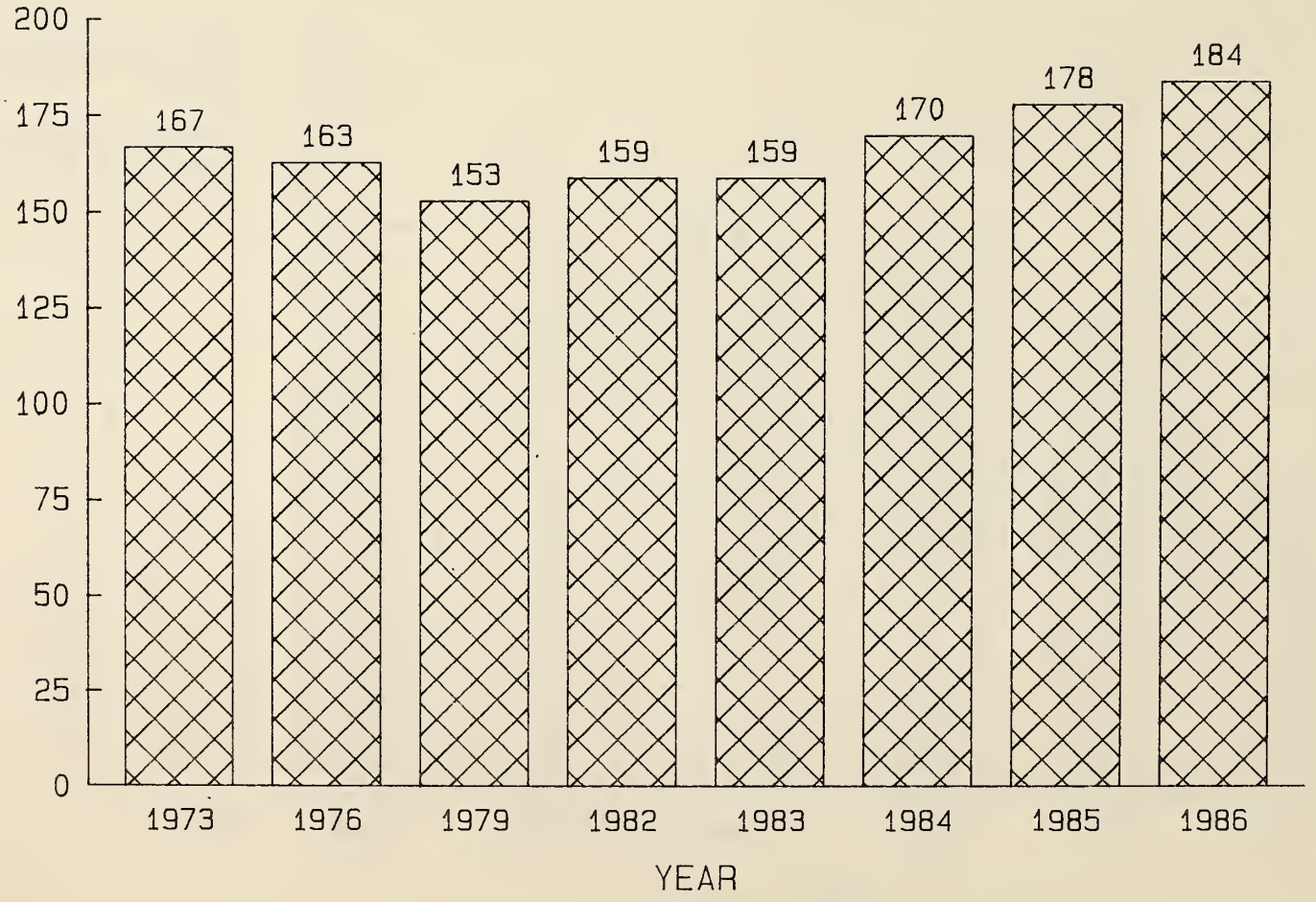
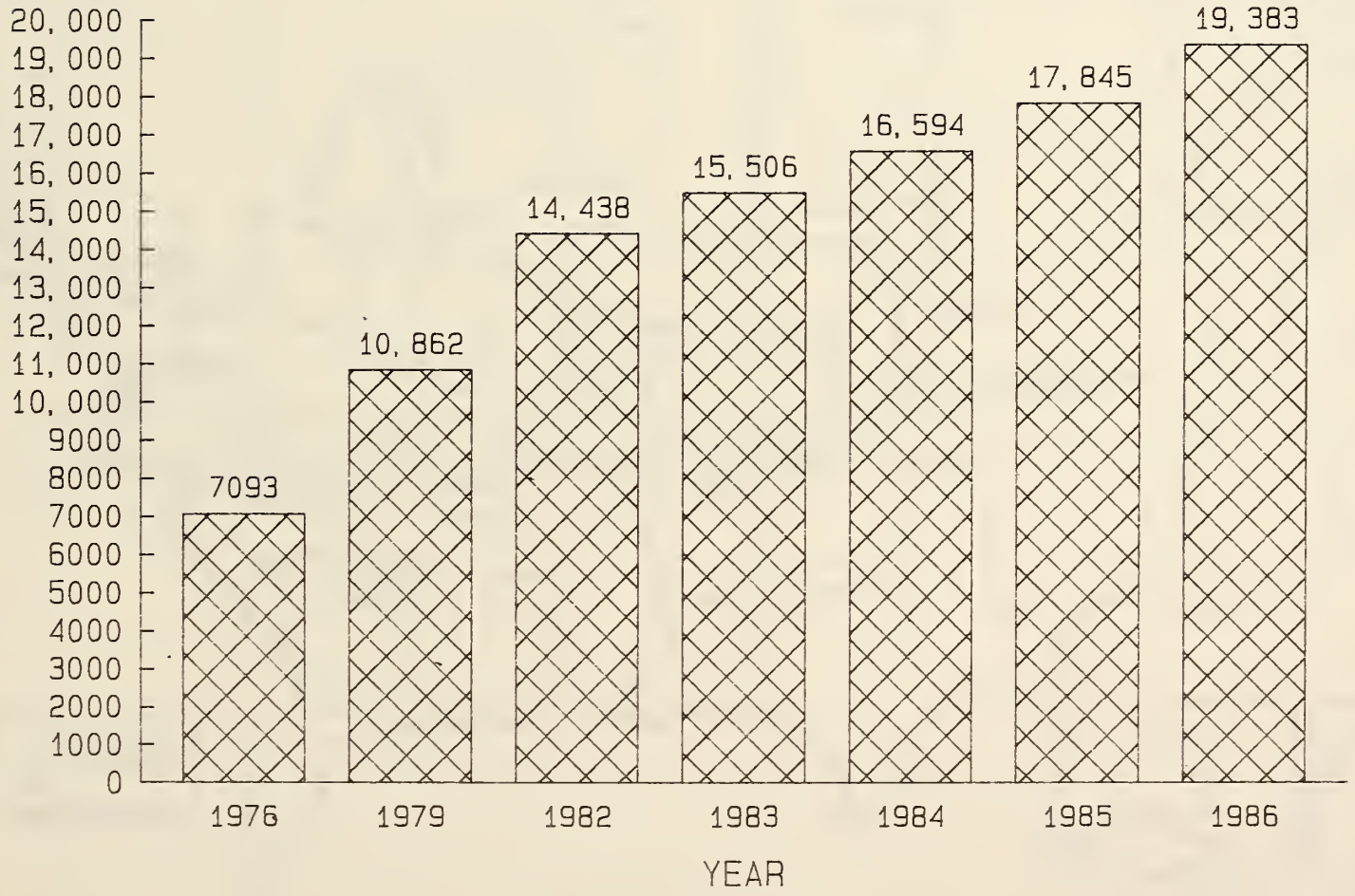


FIGURE 4
DIALYSIS STATIONS GROWTH
MEDICARE APPROVED OUTPATIENT STATIONS



HEALTH CARE FINANCING ADMINISTRATION

REGIONAL OFFICE BOUNDARIES

TABLE 1

NUMBER OF ESRD PROVIDERS BY TYPE OF SERVICE AND REGION

REGION	TOTAL	TRANSPLANT	DIALYSIS	HOSPITAL 1	INDEPENDENT 1	INPATIENT CARE	STATIONS
TOTAL	1578	184	1500	639	861	43	19383
BOSTON	59	12	59	40	19	0	706
NEW YORK	151	18	150	107	43	0	1868
PHILADELPHIA	204	21	196	79	117	8	2629
ATLANTA	329	24	318	53	265	7	4655
CHICAGO	216	35	202	142	60	11	2684
DALLAS	230	27	213	70	143	4	2702
KANSAS CITY	71	15	67	41	26	3	743
DENVER	40	6	38	25	13	0	384
SAN FRANCISCO	241	20	224	64	160	9	2734
SEATTLE	37	6	33	18	15	1	278

1 HOSPITAL AND INDEPENDENT COUNTS ARE INCLUDED IN THE TOTAL DIALYSIS COUNT.

NOTE: DETAIL DOES NOT ADD TO TOTAL BECAUSE MOST TRANSPLANT CENTERS ALSO PROVIDE DIALYSIS SERVICES AND ARE AGAIN COUNTED IN DIALYSIS.

TABLE 2

NUMBER OF ESRD PROVIDERS BY TRAINING SERVICE AND REGION

REGION	TOTAL PROVIDERS	TRAINING FACILITIES	HEMODIALYSIS TRAINING	PERITONEAL TRAINING	CAPD TRAINING	CCPD TRAINING	IN-CENTER SELF-CARE UNITS
TOTALS	1578	1063	808	457	858	219	306
BOSTON	59	54	45	31	49	21	14
NEW YORK	151	101	81	42	68	21	33
PHILADELPHIA	204	145	119	85	129	41	43
ATLANTA	329	196	132	96	181	51	34
CHICAGO	216	160	125	81	131	7	51
DALLAS	230	140	93	47	112	4	72
KANSAS CITY	71	64	60	8	37	37	3
DENVER	40	29	23	19	27	4	7
SAN FRANCISCO	241	156	114	42	113	32	45
SEATTLE	37	18	16	6	11	1	4

TABLE 3

NUMBER OF ESRD PROVIDERS BY PROFIT AND NON-PROFIT AND REGION

REGION	TOTALS				PROFIT DIALYSIS		NONPROFIT DIALYSIS	
	PROVIDERS	PROFIT	NONPROFIT	UNKNOWN	HOSPITAL	INDEPENDENT	HOSPITAL	INDEPENDENT
TOTALS	1578	715	863	0	17	691	622	170
BOSTON	59	17	42	0	0	17	40	2
NEW YORK	151	31	120	0	0	31	107	12
PHILADELPHIA	204	106	98	0	4	102	75	15
ATLANTA	329	208	121	0	4	202	49	63
CHICAGO	216	48	168	0	2	46	140	14
DALLAS	230	141	89	0	4	136	66	7
KANSAS CITY	71	13	58	0	1	12	40	14
DENVER	40	11	29	0	1	9	24	4
SAN FRANCISCO	241	137	104	0	1	133	63	27
SEATTLE	37	3	34	0	0	3	18	12

TABLE 4

NUMBER OF ESRD PROVIDERS BY TYPE OF SERVICE AND STATE

STATE	TOTAL	TRANSPLANT	DIALYSIS	HOSPITAL 1	INDEPENDENT 1	INPATIENT CARE	STATIONS
TOTAL	1578	184	1500	639	861	43	19383
ALASKA	3	0	2	0	2	1	12
ALABAMA	31	2	30	2	28	1	403
ARKANSAS	21	2	20	8	12	1	193
AMERICAN SOMOA	1	0	1	1	0	0	2
ARIZONA	27	3	27	11	16	0	271
CALIFORNIA	198	16	181	43	138	9	2297
COLORADO	12	3	11	6	5	0	163
CONNECTICUT	17	2	17	14	3	0	184
DISTRICT OF COLUMBIA	17	5	17	8	9	0	209
DELAWARE	4	0	4	2	2	0	159
FLORIDA	96	4	92	19	73	4	1407
GEORGIA	55	5	54	11	43	0	832
GUAM	1	0	1	1	0	0	6
HAWAII	8	1	8	6	2	0	94
IOWA	13	3	13	11	2	0	149
IDAHO	6	0	6	5	1	0	30
ILLINOIS	70	8	63	32	31	7	926
INDIANA	20	2	20	16	4	0	284
KANSAS	10	2	8	2	6	1	139
KENTUCKY	16	2	16	6	10	0	161
LOUISIANA	54	6	51	11	40	0	548
MASSACHUSETTS	26	8	26	18	8	0	313
MARYLAND	31	3	30	10	20	1	415
MAINE	5	1	5	3	2	0	56
MICHIGAN	42	9	38	28	10	2	527
MINNESOTA	18	3	16	15	1	1	215
MISSOURI	39	8	37	19	18	2	389
MISSISSIPPI	21	1	21	2	19	0	289

SEE FOOTNOTE AT END OF TABLE.

TABLE 4

NUMBER OF ESRD PROVIDERS BY TYPE OF SERVICE AND STATE

STATE	TOTAL	TRANSPLANT	DIALYSIS	HOSPITAL 1	INDEPENDENT 1	INPATIENT CARE	STATIONS
MONTANA	4	0	4	4	0	0	33
NORTH CAROLINA	33	5	33	7	26	0	626
NORTH DAKOTA	4	0	4	4	0	0	35
NEBRASKA	9	2	9	9	0	0	66
NEW HAMPSHIRE	4	0	4	2	2	0	36
NEW JERSEY	28	3	28	22	6	0	429
NEW MEXICO	15	2	13	7	6	0	128
NEVADA	4	0	4	2	2	0	57
NEW YORK	106	13	105	75	30	0	1232
OHIO	42	11	42	30	12	0	540
OKLAHOMA	25	4	25	19	6	0	177
OREGON	9	1	9	5	4	0	105
PENNSYLVANIA	92	9	85	38	47	7	1117
PUERTO RICO	15	1	15	8	7	0	201
RHODE ISLAND	6	0	6	2	4	0	103
SOUTH CAROLINA	26	1	25	2	23	1	371
SOUTH DAKOTA	6	0	6	6	0	0	35
TENNESSEE	51	4	47	4	43	1	566
TEXAS	116	13	105	25	80	3	1658
UTAH	13	3	12	5	7	0	111
VIRGINIA	47	4	47	15	32	0	599
VIRGIN ISLANDS	2	1	2	2	0	0	6
VERMONT	1	1	1	1	0	0	14
WASHINGTON	19	5	16	8	8	0	131
WISCONSIN	24	2	23	21	2	1	192
WEST VIRGINIA	13	0	13	6	7	0	130
WYOMING	1	0	1	0	1	0	7

1 HOSPITAL AND INDEPENDENT COUNTS ARE INCLUDED IN THE TOTAL DIALYSIS COUNT.

NOTE: DETAIL DOES NOT ADD TO TOTAL BECAUSE MOST TRANSPLANT CENTERS ALSO PROVIDE DIALYSIS SERVICES AND ARE AGAIN COUNTED IN DIALYSIS.

TABLE 5

NUMBER OF ESRD PROVIDERS BY TRAINING SERVICE AND STATE

STATE	TOTAL PROVIDERS	TRAINING FACILITIES	HEMODIALYSIS TRAINING	PERITONEAL TRAINING	CAPD TRAINING	CCPD TRAINING	IN-CENTER SELF-CARE UNITS
TOTALS	1578	1063	808	457	858	219	306
ALASKA	3	1	1	1	0	0	1
ALABAMA	31	23	19	15	22	12	4
ARKANSAS	21	16	10	3	14	0	6
AMERICAN SOMOA	1	0	0	0	0	0	0
ARIZONA	27	21	16	5	14	3	3
CALIFORNIA	198	127	91	34	92	27	37
COLORADO	12	10	10	9	9	3	2
CONNECTICUT	17	17	15	8	16	2	6
DISTRICT OF COLUMBIA	17	9	7	3	8	0	2
DELAWARE	4	3	2	2	2	0	0
FLORIDA	96	62	34	22	57	14	8
GEORGIA	55	39	29	23	38	12	13
GUAM	1	1	1	0	0	0	0
HAWAII	8	4	4	1	4	2	4
IOWA	13	13	13	1	9	9	0
IDAHO	6	2	2	0	1	0	0
ILLINOIS	70	52	43	31	41	4	32
INDIANA	20	17	13	6	13	0	4
KANSAS	10	8	7	2	6	6	0
KENTUCKY	16	10	5	3	10	2	1
LOUISIANA	54	26	23	13	15	0	17
MASSACHUSETTS	26	22	16	15	20	12	2
MARYLAND	31	23	16	15	20	11	8
MAINE	5	5	5	2	4	2	0
MICHIGAN	42	30	27	16	28	2	8
MINNESOTA	18	8	5	3	8	0	1
MISSOURI	39	34	32	4	19	19	3
MISSISSIPPI	21	8	7	5	8	1	2

TABLE 5

NUMBER OF ESRD PROVIDERS BY TRAINING SERVICE AND STATE

STATE	TOTAL PROVIDERS	TRAINING FACILITIES	HEMODIALYSIS TRAINING	PERITONEAL TRAINING	CAPD TRAINING	CCPD TRAINING	IN-CENTER SELF-CARE UNITS
MONTANA	4	4	4	2	4	1	1
NORTH CAROLINA	33	19	18	12	15	2	3
NORTH DAKOTA	4	4	2	0	4	0	0
NEBRASKA	9	9	8	1	3	3	0
NEW HAMPSHIRE	4	4	3	3	4	3	2
NEW JERSEY	28	19	18	14	14	7	14
NEW MEXICO	15	10	4	2	10	0	3
NEVADA	4	3	2	2	3	0	1
NEW YORK	106	74	56	26	49	13	15
OHIO	42	31	23	13	25	1	2
OKLAHOMA	25	12	12	5	10	1	10
OREGON	9	8	7	3	6	1	0
PENNSYLVANIA	92	67	57	47	62	22	28
PUERTO RICO	15	8	7	2	5	1	4
RHODE ISLAND	6	5	5	3	4	1	3
SOUTH CAROLINA	26	14	6	7	13	3	1
SOUTH DAKOTA	6	3	0	0	3	0	0
TENNESSEE	51	21	14	9	18	5	2
TEXAS	116	76	44	24	63	3	36
UTAH	13	7	7	7	6	0	4
VIRGINIA	47	34	32	14	29	5	4
VIRGIN ISLANDS	2	0	0	0	0	0	0
VERMONT	1	1	1	0	1	1	1
WASHINGTON	19	7	6	2	4	0	3
WISCONSIN	24	22	14	12	16	0	4
WEST VIRGINIA	13	9	5	4	8	3	1
WYOMING	1	1	0	1	1	0	0

TABLE 6

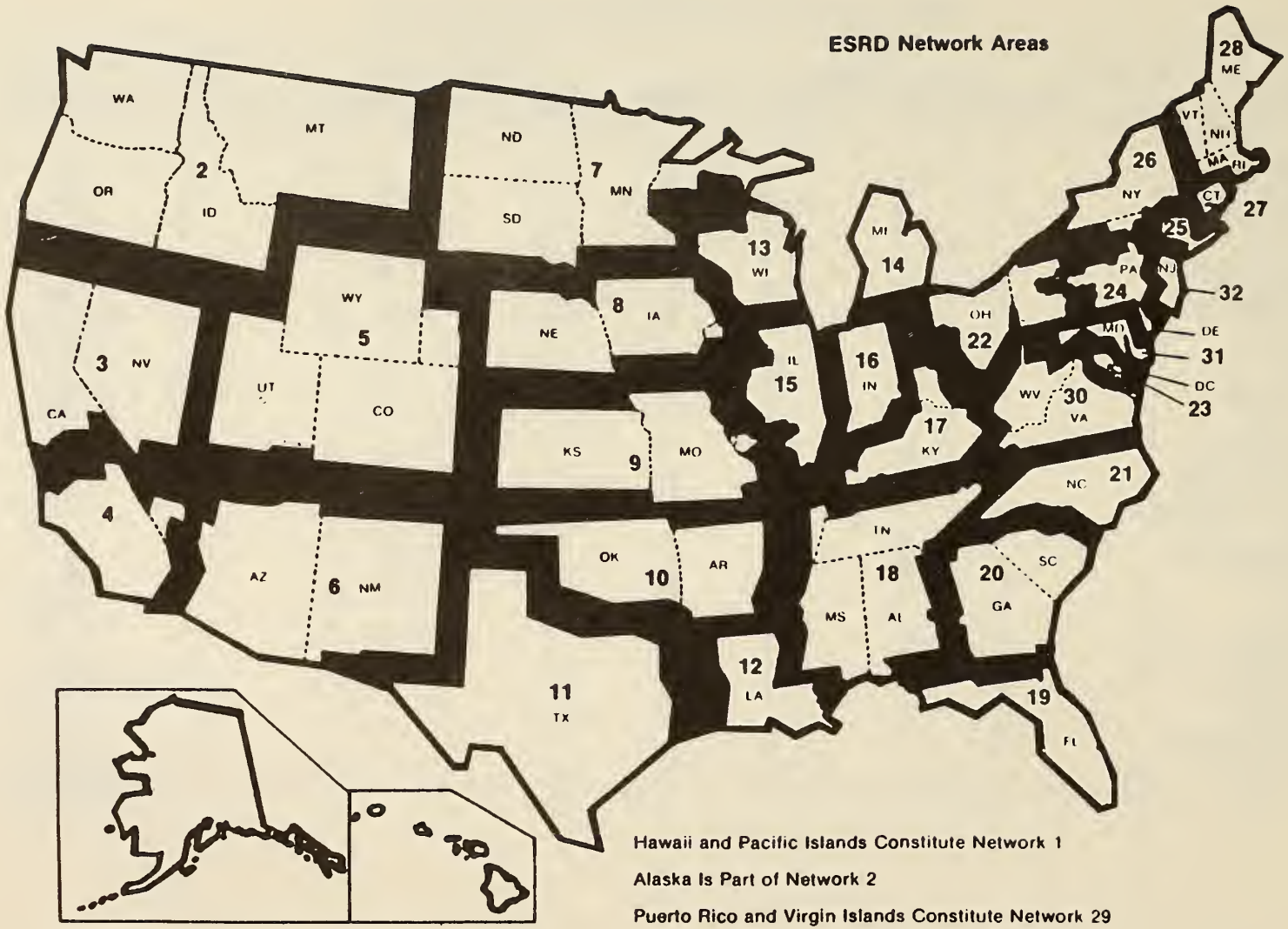
NUMBER OF ESRD PROVIDERS BY PROFIT AND NON-PROFIT

STATE	TOTALS				PROFIT DIALYSIS		NONPROFIT DIALYSIS	
	PROVIDERS	PROFIT	NONPROFIT	UNKNOWN	HOSPITAL	INDEPENDENT	HOSPITAL	INDEPENDENT
TOTALS	1578	715	863	0	17	691	622	170
ALASKA	3	0	3	0	0	0	0	2
ALABAMA	31	25	6	0	0	25	2	3
ARKANSAS	21	11	10	0	0	11	8	1
AMERICAN SOMOA	1	0	1	0	0	0	1	0
ARIZONA	27	12	15	0	0	12	11	4
CALIFORNIA	198	120	78	0	1	116	42	22
COLORADO	12	7	5	0	1	5	5	0
CONNECTICUT	17	3	14	0	0	3	14	0
DISTRICT OF COLUMBIA	17	9	8	0	0	9	8	0
DELAWARE	4	3	1	0	1	2	1	0
FLORIDA	96	69	27	0	4	63	15	10
GEORGIA	55	38	17	0	0	38	11	5
GUAM	1	0	1	0	0	0	1	0
HAWAII	8	2	6	0	0	2	6	0
IOWA	13	2	11	0	0	2	11	0
IDAHO	6	0	6	0	0	0	5	1
ILLINOIS	70	28	42	0	0	28	32	3
INDIANA	20	4	16	0	0	4	16	0
KANSAS	10	5	5	0	0	5	2	1
KENTUCKY	16	3	13	0	0	3	6	7
LOUISIANA	54	40	14	0	0	40	11	0
MASSACHUSETTS	26	7	19	0	0	7	18	1
MARYLAND	31	16	15	0	1	15	9	5
MAINE	5	2	3	0	0	2	3	0
MICHIGAN	42	8	34	0	1	7	27	3
MINNESOTA	18	0	18	0	0	0	15	1
MISSOURI	39	6	33	0	1	5	18	13
MISSISSIPPI	21	6	15	0	0	6	2	13

TABLE 6

NUMBER OF ESRD PROVIDERS BY PROFIT AND NON-PROFIT

STATE	TOTALS				PROFIT DIALYSIS		NONPROFIT DIALYSIS	
	PROVIDERS	PROFIT	NONPROFIT	UNKNOWN	HOSPITAL	INDEPENDENT	HOSPITAL	INDEPENDENT
MONTANA	4	0	4	0	0	0	4	0
NORTH CAROLINA	33	24	9	0	0	24	7	2
NORTH DAKOTA	4	0	4	0	0	0	4	0
NEBRASKA	9	0	9	0	0	0	9	0
NEW HAMPSHIRE	4	2	2	0	0	2	2	0
NEW JERSEY	28	6	22	0	0	6	22	0
NEW MEXICO	15	7	8	0	2	5	5	1
NEVADA	4	2	2	0	0	2	2	0
NEW YORK	106	18	88	0	0	18	75	12
OHIO	42	6	36	0	1	5	29	7
OKLAHOMA	25	7	18	0	1	6	18	0
OREGON	9	3	6	0	0	3	5	1
PENNSYLVANIA	92	42	50	0	1	41	37	6
PUERTO RICO	15	7	8	0	0	7	8	0
RHODE ISLAND	6	3	3	0	0	3	2	1
SOUTH CAROLINA	26	18	8	0	0	18	2	5
SOUTH DAKOTA	6	0	6	0	0	0	6	0
TENNESSEE	51	25	26	0	0	25	4	18
TEXAS	116	77	39	0	1	75	24	5
UTAH	13	3	10	0	0	3	5	4
VIRGINIA	47	31	16	0	0	31	15	1
VIRGIN ISLANDS	2	0	2	0	0	0	2	0
VERMONT	1	0	1	0	0	0	1	0
WASHINGTON	19	0	19	0	0	0	8	8
WISCONSIN	24	2	22	0	0	2	21	0
WEST VIRGINIA	13	5	8	0	1	4	5	3
WYOMING	1	1	0	0	0	1	0	0


ESRD Network Areas
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Hawaii and Pacific Islands Constitute Network 1
Alaska Is Part of Network 2
Puerto Rico and Virgin Islands Constitute Network 29

TABLE 7

NUMBER OF ESRD PROVIDERS BY TYPE OF SERVICE AND NETWORK

NETWORK	TOTAL	TRANSPLANT	DIALYSIS	HOSPITAL 1	INDEPENDENT 1	INPATIENT CARE	STATIONS
TOTAL	1578	184	1500	639	861	43	19383
01	11	1	11	8	3	0	107
02	41	6	37	22	15	1	311
03	74	5	72	20	52	0	821
04	128	11	113	25	88	9	1533
05	27	6	25	12	13	0	287
06	42	5	40	18	22	0	399
07	31	3	29	28	1	1	299
08	23	5	22	19	3	1	223
09	50	10	45	20	25	4	542
10	45	6	44	26	18	1	358
11	116	13	105	25	80	3	1658
12	54	6	51	11	40	0	548
13	24	2	23	21	2	1	192
14	39	9	35	25	10	2	513
15	66	8	61	32	29	5	888
16	20	2	20	16	4	0	284
17	25	6	25	11	14	0	291
18	105	7	100	10	90	2	1276
19	96	4	92	19	73	4	1407
20	81	6	79	13	66	1	1207
21	33	5	33	7	26	0	626
22	56	9	56	33	23	0	709
23	31	5	30	11	19	1	401
24	72	7	65	31	34	7	972
25	80	7	79	54	25	0	1005
26	27	6	27	22	5	0	232
27	17	2	17	14	3	0	184
28	42	10	42	26	16	0	522
29	17	2	17	10	7	0	207
30	54	4	54	20	34	0	655
31	23	3	23	8	15	0	297
32	28	3	28	22	6	0	429

1 HOSPITAL AND INDEPENDENT COUNTS ARE INCLUDED IN THE TOTAL DIALYSIS COUNT.

NOTE: DETAIL DOES NOT ADD TO TOTAL BECAUSE MOST TRANSPLANT CENTERS ALSO PROVIDE DIALYSIS SERVICES AND ARE AGAIN COUNTED IN DIALYSIS.

TABLE 8

NUMBER OF ESRD PROVIDERS BY TRAINING SERVICE AND NETWORK

NETWORK	TOTAL PROVIDERS	TRAINING FACILITIES	HEMODIALYSIS TRAINING	PERITONEAL TRAINING	CAPD TRAINING	CCPD TRAINING	IN-CENTER SELF-CARE UNITS
TOTALS	1578	1063	808	457	858	219	306
01	11	5	5	1	4	2	4
02	41	22	20	8	15	2	5
03	74	61	44	16	44	13	16
04	128	69	49	20	51	14	22
05	27	19	18	17	16	3	6
06	42	31	20	7	24	3	6
07	31	17	9	4	16	0	2
08	23	22	21	2	13	12	1
09	50	42	39	6	26	25	4
10	45	27	21	7	23	1	15
11	116	76	44	24	63	3	36
12	54	26	23	13	15	0	17
13	24	22	14	12	16	0	4
14	39	28	25	15	27	2	7
15	66	50	41	31	39	4	30
16	20	17	13	6	13	0	4
17	25	15	9	7	15	2	1
18	105	54	43	30	49	19	9
19	96	62	34	22	57	14	8
20	81	53	34	30	51	14	14
21	33	19	18	12	15	2	3
22	56	46	37	22	40	7	12
23	31	20	18	6	17	6	4
24	72	49	40	35	43	15	18
25	80	54	37	16	36	5	12
26	27	21	20	11	14	9	3
27	17	17	15	8	16	2	6
28	42	37	30	23	33	19	8
29	17	8	7	2	5	1	4
30	54	38	32	18	34	8	5
31	23	17	10	12	14	5	6
32	28	19	18	14	14	7	14

TABLE 9

NUMBER OF ESRD PROVIDERS BY PROFIT AND NONPROFIT AND NETWORK

NETWORK	TOTALS				PROFIT DIALYSIS		NONPROFIT DIALYSIS	
	PROVIDERS	PROFIT	NONPROFIT	UNKNOWN	HOSPITAL	INDEPENDENT	HOSPITAL	INDEPENDENT
TOTALS	1578	715	863	0	17	691	622	170
01	11	2	9	0	0	2	8	1
02	41	3	38	0	0	3	22	12
03	74	37	37	0	0	37	20	15
04	128	85	43	0	1	81	24	7
05	27	11	16	0	1	9	11	4
06	42	19	23	0	2	17	16	5
07	31	0	31	0	0	0	28	1
08	23	3	20	0	0	3	19	0
09	50	12	38	0	1	11	19	14
10	45	18	27	0	1	17	25	1
11	116	77	39	0	1	75	24	5
12	54	40	14	0	0	40	11	0
13	24	2	22	0	0	2	21	0
14	39	8	31	0	1	7	24	3
15	66	26	40	0	0	26	32	3
16	20	4	16	0	0	4	16	0
17	25	3	22	0	0	3	11	11
18	105	56	49	0	0	56	10	34
19	96	69	27	0	4	63	15	10
20	81	56	25	0	0	56	13	10
21	33	24	9	0	0	24	7	2
22	56	19	37	0	1	18	32	5
23	31	20	11	0	1	19	10	0
24	72	32	40	0	2	30	29	4
25	80	16	64	0	0	16	54	9
26	27	2	25	0	0	2	22	3
27	17	3	14	0	0	3	14	0
28	42	14	28	0	0	14	26	2
29	17	7	10	0	0	7	10	0
30	54	31	23	0	1	30	19	4
31	23	10	13	0	0	10	8	5
32	28	6	22	0	0	6	22	0

GLOSSARY OF TERMS

The items appearing in this glossary are intended to assist the reader by supplying operational definitions of the terms used in this publication.

CONTINUOUS AMBULATORY PERITONEAL DIALYSIS - (CAPD) A type of peritoneal dialysis whereby the patient dialyzes at home, using special supplies, but without the need for a machine.

CONTINUOUS CYCLE PERITONEAL DIALYSIS - (CCPD) A variant of CAPD in which a machine is used to make exchanges at night automatically.

CROSS-REFER NO - A special series of provider numbers assigned to hospitals by the Health Standards and Quality Bureau of HCFA in order to accept renal data in the Medicare Medicaid Automated Certification System (MMACS).

DIALYSIS CENTER - A hospital unit which is approved to furnish the full spectrum of diagnostic, therapeutic and rehabilitative services required for the care of ESRD dialysis patients (including inpatient dialysis furnished directly or under arrangement).

DIALYSIS FACILITY - A unit of a hospital which is approved to furnish dialysis service(s) directly to ESRD patients.

DIALYSIS STATION - The treatment area which is designed and equipped to provide adequate and safe dialysis therapy, as well as privacy and comfort for patients.

HEMODIALYSIS - (HEMO) A method of dialysis in which blood from a patients body is circulated through an external device or machine and thence returned to the patients bloodstream. Such an artificial kidney machine usually is designed to remove fluids and metabolic end products from the bloodstream by placing the blood in contact with a semi-permeable membrane which is bathed on the other side by an appropriate chemical solution referred to as dialysate.

INPATIENT ONLY - A renal dialysis center which performs 20 percent or less of their dialysis on an outpatient basis.

PERITONEAL DIALYSIS - (PERI) A procedure which introduces dialysate into the abdominal cavity to remove waste products through the peritoneum (membrane which surrounds the intestines and other organs in the abdomninal cavity). It functions in a manner similar to that of the (artificial) semi-permeable membrane in the hemodialysis machine.

PROVIDER NUMBER - An assigned Medicare identification number for billing which consists of six positions. The first two positions represent a state code. The third and fourth positions represent the type of provider of services. For renal providers, the coding is as follows:

0 in 3rd position = Short-stay hospital
20 in 3rd and 4th positions = Long-term care hospital
25 in 3rd and 4th positions = Independent renal facilities
26 in 3rd and 4th positions = Independent renal facilities
33 in 3rd and 4th positions = Children's hospital
35 in 3rd and 4th positions = Hospital Satellite renal facility
(Hospital satellites are owned and operated by hospitals.)

Example:
01 0001 = Hospital in Alabama
05 2500 = Independent in California
14 3500 = Hospital Satellite in Illinois

RENAL NETWORK - An approved organized group of ESRD facilities in a designated area which, by their type and location and because of local referral patterns, collectively furnish the necessary care for ESRD patients in the population served.

SELF-CARE SERVICES - A unit of a dialysis facility or center where patients who have been trained to perform self-dialysis with little or no professional assistance dialyze.

STAFF-ASSISTED SERVICES - A dialysis setting in which the patient is dialyzed at a facility or center by staff at that facility or center.

TRAINING SERVICES - A program that trains ESRD patients to perform self-dialysis or home dialysis with little or no professional assistance, and trains other individuals to assist patients in performing self-dialysis or home dialysis.

TRANSPLANT CENTER - A hospital unit which is approved to furnish direct transplantation and other medical and surgical speciality services for the care of the ESRD transplant patients, including inpatient dialysis furnished directly or under arrangement.

STATE=ALABAMA

REGIONAL DIALYSIS OF ANNISTON	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 072180	HCFA REGION: 04
700 QUINTARD AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 008
ANNISTON, AL 36201	SELF-CARE:	INTERMEDIARY: 00010	RENAL NETWORK: 18
PROVIDER NO: 012511	TRAINING: CAPD	CROSS-REFER NO:	PHONE:(205)237-5300
COMMUNITY DIALYSIS SERVICES	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 012183	HCFA REGION: 04
1005 W MARKET ST #17	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 008
ATHENS, AL 35611	SELF-CARE:	INTERMEDIARY: 00010	RENAL NETWORK: 18
PROVIDER NO: 012517	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:	PHONE:(205)233-4730
UNIVERSITY OF ALABAMA HOSP-	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 090176	HCFA REGION: 04
1809 5TH AVE SOUTH	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 042
BIRMINGHAM, AL 35294	SELF-CARE:	INTERMEDIARY: 00010	RENAL NETWORK: 18
PROVIDER NO: 010033	TRAINING: HEMO PERI CAPD CCPD	CROSS-REFER NO:012300	PHONE:(205)934-4444
COMMUNITY DIALYSIS SERVICES OF BIRM	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 062879	HCFA REGION: 04
9228 PARKWAY EAST	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 008
BIRMINGHAM, AL 35206	SELF-CARE:	INTERMEDIARY: 00010	RENAL NETWORK: 18
PROVIDER NO: 012508	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(205)833-6003
THE NORWOOD CLINIC INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 120282	HCFA REGION: 04
1528 N 26TH ST-P.O. BOX C-230	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 012
BIRMINGHAM, AL 35283	SELF-CARE: HEMO	INTERMEDIARY: 00010	RENAL NETWORK: 18
PROVIDER NO: 012516	TRAINING: HEMO PERI CAPD CCPD	CROSS-REFER NO:	PHONE:(205)250-6874
ALABAMA DIALYSIS SERVICES	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 091885	HCFA REGION: 04
733 TUSCALOOSA AVE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 014
BIRMINGHAM, AL 35211	SELF-CARE:	INTERMEDIARY: 00010	RENAL NETWORK: 18
PROVIDER NO: 012526	TRAINING: HEMO PERI CAPD CCPD	CROSS-REFER NO:	PHONE:(205)783-3039
CHILDRENS HOSPITAL OF ALABAMA	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 111782	HCFA REGION: 04
1601 6TH AVE SOUTH	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 006
BIRMINGHAM, AL 35122	SELF-CARE:	INTERMEDIARY: 00010	RENAL NETWORK: 18
PROVIDER NO: 013300	TRAINING: HEMO CAPD	CROSS-REFER NO:012306	PHONE:(205)933-4000
RIVERCHASE DIALYSIS CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 091786	HCFA REGION: 04
140 RIVERCHASE PARKWAY E	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 010
BIRMINGHAM, AL 35244	SELF-CARE:	INTERMEDIARY: 00010	RENAL NETWORK: 18
PROVIDER NO: 012528	TRAINING:	CROSS-REFER NO:	PHONE:(205)985-0567
DIALYSIS FACILITY OF SOUTH ALABAMA	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 022980	HCFA REGION: 04
1203 BELLEVILLE AVENUE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 012
BREWTON, AL 36426	SELF-CARE:	INTERMEDIARY: 00010	RENAL NETWORK: 18
PROVIDER NO: 012510	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:	PHONE:(205)867-3607
VALLEY DIALYSIS CENTER INC.	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 120783	HCFA REGION: 04
1806 CARRIDALE ST	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 009
DECATUR, AL 35601	SELF-CARE:	INTERMEDIARY: 00010	RENAL NETWORK: 18
PROVIDER NO: 012518	TRAINING: HEMO PERI CAPD CCPD	CROSS-REFER NO:	PHONE:(205)350-1853
COMMUNITY DIALYSIS SVCS OF DOTHAN	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 112877	HCFA REGION: 04
1513 EAST MAIN ST	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 012
DOTHAN, AL 36301	SELF-CARE:	INTERMEDIARY: 00010	RENAL NETWORK: 18
PROVIDER NO: 012506	TRAINING: HEMO PERI CAPD CCPD	CROSS-REFER NO:	PHONE:(205)793-4077

STATE=ALABAMA CONTINUED

DIALYSIS CLINIC INC 1402 E MAIN ST DOTHAN, AL 36301 PROVIDER NO: 012521	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 031185 OWNERSHIP: NONPROFIT INTERMEDIARY: 00010 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 013 RENAL NETWORK: 18 PHONE:(205)793-3519
DIALYSIS CLINICS 502 DOTHAN HIGHWAY ENTERPRISE, AL 36330 PROVIDER NO: 012527	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 070486 OWNERSHIP: NONPROFIT INTERMEDIARY: 00010 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 010 RENAL NETWORK: 18 PHONE:(205)347-8233
FLORENCE DIALYSIS CLINIC INC 216 MARENGO SUITE I FLORENCE, AL 35630 PROVIDER NO: 012529	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 091686 OWNERSHIP: PROFIT INTERMEDIARY: 00010 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 010 RENAL NETWORK: 18 PHONE:(205)764-5050
COMMUNITY DIALYSIS SVCS-N CENTRAL AL 401 S FIRST ST GADSDEN, AL 35902 PROVIDER NO: 012501	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 090176 OWNERSHIP: PROFIT INTERMEDIARY: 00010 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 020 RENAL NETWORK: 18 PHONE:(205)547-2457
NORTH ALA NEPHROLOGY CENTER 411 ENGEL DRIVE HUNTSVILLE, AL 35801 PROVIDER NO: 012509	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 071679 OWNERSHIP: PROFIT INTERMEDIARY: 00010 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 010 RENAL NETWORK: 18 PHONE:(205)536-8571
HUNTSVILLE DIALYSIS CTR 2325 PANSY ST HUNTSVILLE, AL 35801 PROVIDER NO: 012522	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 082085 OWNERSHIP: PROFIT INTERMEDIARY: 00010 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 017 RENAL NETWORK: 18 PHONE:(205)533-4626
BMA OF CHATTAHOOCHEE INC SUITE 13 MEDICAL PARK LANGDALE, AL 36864 PROVIDER NO: 012513	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 021281 OWNERSHIP: PROFIT INTERMEDIARY: 00010 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 006 RENAL NETWORK: 18 PHONE:(205)433-2178
BIO MEDICAL APPLICATIONS OF MOBILE INC 1563 SPRINGHILL AVE MOBILE, AL 36604 PROVIDER NO: 012507	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 010479 OWNERSHIP: PROFIT INTERMEDIARY: 00010 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 012 RENAL NETWORK: 18 PHONE:(205)433-2178
PROVIDENCE DIALYSIS FAC-EAST 1504 SPRINGHILL AVE MOBILE, AL 36604 PROVIDER NO: 012524	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 120185 OWNERSHIP: PROFIT INTERMEDIARY: 00010 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 021 RENAL NETWORK: 18 PHONE:(205)438-7750
PROVIDENCE DIALYSIS FAC-WEST 900 HILLCREST RD MOBILE, AL 36608 PROVIDER NO: 012525	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 120285 OWNERSHIP: PROFIT INTERMEDIARY: 00010 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 020 RENAL NETWORK: 18 PHONE:(205)633-2681
ST MARGARETS HOSP 834 ADAMS AVE MONTGOMERY, AL 36104 PROVIDER NO: 010081	FACILITY TYPE: INPATIENT ONLY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 110178 OWNERSHIP: NONPROFIT INTERMEDIARY: 00010 CROSS-REFER NO:012307	HCFA REGION: 04 TOTAL STATIONS: 000 RENAL NETWORK: 18 PHONE:(205)269-8000

STATE=ALABAMA CONTINUED

MONTGOMERY NEPHROLOGY REFERRAL CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090176	HCFA REGION: 04
303 SOUTH RIPLEY ST. SUITE 2000	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 026
MONTGOMERY, AL 36104	SELF-CARE: HEMO PERI	INTERMEDIARY: 00010	RENAL NETWORK: 18
PROVIDER NO: 012500	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:	PHONE:(205)263-1028
COMMUNITY DIALYSIS SVCS-CENTRAL AL	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 121477	HCFA REGION: 04
3980 GOVERNORS DR	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 020
MONTOGMERY, AL 36111	SELF-CARE:	INTERMEDIARY: 00010	RENAL NETWORK: 18
PROVIDER NO: 012505	TRAINING: HEMO PERI CAPD CCPD	CROSS-REFER NO:	PHONE:(205)281-5682
OPELIKA NEPHROLOGY REFERRAL CENTER INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090782	HCFA REGION: 04
122 NORTH 20TH STREET	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 010
OPELIKA, AL 36802	SELF-CARE:	INTERMEDIARY: 00010	RENAL NETWORK: 18
PROVIDER NO: 012515	TRAINING: CAPD	CROSS-REFER NO:	PHONE:(205)749-5085
COMMUNITY DIALYSIS CTR OF PHENIX CITY	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 031881	HCFA REGION: 04
1700 21ST COURT SUITE 102	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 010
PHENIX CITY, AL 36867	SELF-CARE:	INTERMEDIARY: 00010	RENAL NETWORK: 20
PROVIDER NO: 012514	TRAINING: PERI CAPD	CROSS-REFER NO:	PHONE:(205)297-4166
SCOTTSBORO DIALYSIS CTR INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 110584	HCFA REGION: 04
319 PARKS AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 006
SCOTTSBORO, AL 35768	SELF-CARE:	INTERMEDIARY: 00010	RENAL NETWORK: 18
PROVIDER NO: 012519	TRAINING:	CROSS-REFER NO:	PHONE:(205)533-4626
SELMA NEPHROLOGY REFERRAL CTR INC.	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 082580	HCFA REGION: 04
1019 MEDICAL CENTER PARKWAY	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 011
SELMA, AL 36701	SELF-CARE:	INTERMEDIARY: 00010	RENAL NETWORK: 18
PROVIDER NO: 012512	TRAINING: CAPD	CROSS-REFER NO:	PHONE:(205)874-9021
COMMUNITY DIALYSIS SVCS-NW ALABAMA	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 101377	HCFA REGION: 04
1110 SO MONTGOMERY	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 015
SHEFFIELD, AL 35660	SELF-CARE:	INTERMEDIARY: 00010	RENAL NETWORK: 18
PROVIDER NO: 012503	TRAINING: HEMO PERI CAPD CCPD	CROSS-REFER NO:	PHONE:(205)383-4020
TROY NEPHROLOGY REFERRAL CTR	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 111984	HCFA REGION: 04
1001 S FRANKLIN DR	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 008
TROY, AL 36081	SELF-CARE:	INTERMEDIARY: 00010	RENAL NETWORK: 18
PROVIDER NO: 012520	TRAINING:	CROSS-REFER NO:	PHONE:(205)566-7266
REGIONAL DIALYSIS CTR OF DCH INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 102177	HCFA REGION: 04
815 UNIVERSITY BLVD-BOX 2383	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 017
TUSCALOOSA, AL 35401	SELF-CARE: HEMO	INTERMEDIARY: 00010	RENAL NETWORK: 18
PROVIDER NO: 012502	TRAINING: HEMO CAPD CCPD	CROSS-REFER NO:	PHONE:(205)758-4775

STATE=ALASKA

PROVIDENCE HOSPITAL	FACILITY TYPE: INPATIENT ONLY	DATE APPROVED: 090177	HCFA REGION: 10
3200 PROVIDENCE DRIVE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 002
ANCHORAGE, AK 99504	SELF-CARE:	INTERMEDIARY: 00430	RENAL NETWORK: 02
PROVIDER NO: 020001	TRAINING:	CROSS-REFER NO:022300	PHONE:(907)562-2211
ALASKA KIDNEY CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090177	HCFA REGION: 10
4000 LAUREL ST	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 007
ANCHORAGE, AK 99504	SELF-CARE: HEMO PERI	INTERMEDIARY: 00430	RENAL NETWORK: 02
PROVIDER NO: 022500	TRAINING: HEMO PERI	CROSS-REFER NO:	PHONE:(907)563-3149
NORTHERN ALASKA KIDNEY CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 062785	HCFA REGION: 10
1650 COWLES ST	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 003
FAIRBANKS, AK 99701	SELF-CARE:	INTERMEDIARY: 00430	RENAL NETWORK: 02
PROVIDER NO: 022502	TRAINING:	CROSS-REFER NO:	PHONE:(907)452-8181

STATE=AMERICAN SOMOA

LBJ TROPICAL MEDICAL CENTER	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 062482	HCFA REGION: 09
VILLAGE OF FAGAALU	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 002
PAGO PAGO, AS 96799	SELF-CARE:	INTERMEDIARY: 17120	RENAL NETWORK: 01
PROVIDER NO: 640001	TRAINING:	CROSS-REFER NO:	PHONE:(684)633-1222

STATE=ARIZONA

CHANDLER COMMUNITY DIALYSIS CTR 475 S DOBSON RD CHANDLER, AZ 85224 PROVIDER NO: 032516	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO	DATE APPROVED: 032486 OWNERSHIP: PROFIT INTERMEDIARY: 00030 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 010 RENAL NETWORK: 06 PHONE:(602)821-3714
CHINLE RENAL FACILITY CHINLE COOP HLTH FAC,BOX P.H. CHINLE APACHE, AZ 86503 PROVIDER NO: 032512	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 012385 OWNERSHIP: PROFIT INTERMEDIARY: 00030 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 006 RENAL NETWORK: 06 PHONE:(302)674-5871
VERDE VALLEY DIALYSIS CENTER 202 S WILLARD ST-BOX 548 COTTONWOOD, AZ 86326 PROVIDER NO: 032511	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 092783 OWNERSHIP: PROFIT INTERMEDIARY: 00030 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 007 RENAL NETWORK: 06 PHONE:(602)634-2251
GLENDALE OUTPATIENT DIALYSIS CTR 6004 W NORTHERN AVE GLENDALE, AZ 85301 PROVIDER NO: 033502	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 081277 OWNERSHIP: NONPROFIT INTERMEDIARY: 00030 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 014 RENAL NETWORK: 06 PHONE:(602)939-3371
NAVAPACHE DIALYSIS CTR HWY 260,STE 3,WAGON WHEEL PL LAKESIDE, AZ 85925 PROVIDER NO: 032515	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO	DATE APPROVED: 092085 OWNERSHIP: PROFIT INTERMEDIARY: 00030 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 007 RENAL NETWORK: 06 PHONE:(602)537-7119
DESERT SAMARITAN HOSP & HLTH CTR 1400 SOUTH DOBSON ROAD MESA, AZ 85202 PROVIDER NO: 030065	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: CAPD	DATE APPROVED: 111480 OWNERSHIP: NONPROFIT INTERMEDIARY: 00030 CROSS-REFER NO:032306	HCFA REGION: 09 TOTAL STATIONS: 003 RENAL NETWORK: 06 PHONE:(602)835-3000
EAST VALLEY DIALYSIS SERVICES 6553 EAST BAYWOOD MESA, AZ 85206 PROVIDER NO: 032509	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO PERI TRAINING: HEMO PERI	DATE APPROVED: 110882 OWNERSHIP: PROFIT INTERMEDIARY: 00030 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 015 RENAL NETWORK: 06 PHONE:(602)985-4911
DOBSON MESA MEM OUTPATIENT DIAL FAC 1500 SOUTH DOBSON RD MESA, AZ 85202 PROVIDER NO: 033501	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 081877 OWNERSHIP: NONPROFIT INTERMEDIARY: 00030 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 014 RENAL NETWORK: 06 PHONE:(602)835-3274
PHOENIX ARTIFICIAL KIDNEY CENTER 13460 N 94TH DRIVE PEORIA, AZ 85345 PROVIDER NO: 032503	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: 032679 OWNERSHIP: PROFIT INTERMEDIARY: 00030 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 018 RENAL NETWORK: 06 PHONE:(602)974-1763
GOOD SAMARITAN MED CTR 1111 E. MCDOWELL RD,925 BLDG PHOENIX, AZ 85006 PROVIDER NO: 030002	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 081277 OWNERSHIP: NONPROFIT INTERMEDIARY: 00030 CROSS-REFER NO:032300	HCFA REGION: 09 TOTAL STATIONS: 009 RENAL NETWORK: 06 PHONE:(602)257-2697
MARICOPA MEDICAL CENTER 2601 E ROOSEVELT PHOENIX, AZ 85008 PROVIDER NO: 030022	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: CAPD	DATE APPROVED: 081877 OWNERSHIP: NONPROFIT INTERMEDIARY: 00030 CROSS-REFER NO:032302	HCFA REGION: 09 TOTAL STATIONS: 009 RENAL NETWORK: 06 PHONE:(602)267-5011

STATE=ARIZONA CONTINUED

ST JOSEPHS HOSP & MEDICAL CENTER	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 072183	HCFA REGION: 09
350 W THOMAS RD	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 008
PHOENIX, AZ 85013	SELF-CARE:	INTERMEDIARY: 00030	RENAL NETWORK: 06
PROVIDER NO: 030024	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:032303	PHONE:(602)241-3000
SOUTH PHOENIX DIALYSIS SVCS	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 122881	HCFA REGION: 09
1332 SOUTH 5TH AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 011
PHOENIX, AZ 85003	SELF-CARE:	INTERMEDIARY: 00030	RENAL NETWORK: 06
PROVIDER NO: 032508	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(602)253-1954
LINCOLN DIALYSIS CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 112382	HCFA REGION: 09
34 EAST SUNNYSLOPE LANE	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 006
PHOENIX, AZ 85020	SELF-CARE:	INTERMEDIARY: 00030	RENAL NETWORK: 06
PROVIDER NO: 032510	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:	PHONE:(602)944-0797
PHOENIX OUT PATIENT DIALYSIS CTR	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 081277	HCFA REGION: 09
1021 EAST WILLETTA	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 021
PHOENIX, AZ 85006	SELF-CARE:	INTERMEDIARY: 00030	RENAL NETWORK: 06
PROVIDER NO: 033500	TRAINING: HEMO PERI CAPD CCPD	CROSS-REFER NO:	PHONE:(602)257-4717
CENTRAL KIDNEY SERVICES	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 062786	HCFA REGION: 09
3421 NORTH 7TH AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 014
PHOENIX, AZ 85013	SELF-CARE:	INTERMEDIARY: 00030	RENAL NETWORK: 06
PROVIDER NO: 032517	TRAINING: HEMO	CROSS-REFER NO:	PHONE:(602)274-2293
SCOTTSDALE DIALYSIS CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 060179	HCFA REGION: 09
7321 E OSBORN RD	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 018
SCOTTSDALE, AZ 85251	SELF-CARE:	INTERMEDIARY: 00030	RENAL NETWORK: 06
PROVIDER NO: 032504	TRAINING: HEMO CAPD CCPD	CROSS-REFER NO:	PHONE:(602)994-1445
SELLS DIALYSIS CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 032085	HCFA REGION: 09
HWY 86, INDIAN HEALTH SERVICE HOSP	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 011
SELLS, AZ 85634	SELF-CARE:	INTERMEDIARY: 00030	RENAL NETWORK: 06
PROVIDER NO: 032513	TRAINING: HEMO	CROSS-REFER NO:	PHONE:(602)881-3363
TUBA CITY DIALYSIS UNIT	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 061581	HCFA REGION: 09
CEDAR STREE,BOX 2905	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 006
TUBA CITY, AZ 86045	SELF-CARE:	INTERMEDIARY: 00030	RENAL NETWORK: 06
PROVIDER NO: 032506	TRAINING: CAPD	CROSS-REFER NO:	PHONE:(602)283-4525
ST MARYS HOSP & HEALTH CTR	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 030882	HCFA REGION: 09
1601 W ST MARYS RD	STAFF-ASSISTED:	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 000
TUCSON, AZ 85703	SELF-CARE:	INTERMEDIARY: 00030	RENAL NETWORK: 06
PROVIDER NO: 030010	TRAINING:	CROSS-REFER NO:032307	PHONE:(602)622-5833
UNIV HOSP ARIZONA HLTH SCIENCES CTR	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 081277	HCFA REGION: 09
1501 N CAMPBELL	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 003
TUCSON, AZ 85724	SELF-CARE:	INTERMEDIARY: 00030	RENAL NETWORK: 06
PROVIDER NO: 030064	TRAINING:	CROSS-REFER NO:032304	PHONE:(602)626-6491
VA HOSP	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 082977	HCFA REGION: 09
3601 S 6TH ST	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 009
TUCSON, AZ 85723	SELF-CARE:	INTERMEDIARY: 00080	RENAL NETWORK: 06
PROVIDER NO: 03013F	TRAINING: HEMO CAPD	CROSS-REFER NO:032305	PHONE:(602)792-1450

STATE=ARIZONA CONTINUED

ARTIFICAL KIDNEY CENTER-CENTRAL	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 081277	HCFA REGION: 09
2504 EAST ELM STREET	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 016
TUCSON, AZ 85716	SELF-CARE:	INTERMEDIARY: 00030	RENAL NETWORK: 06
PROVIDER NO: 032500	TRAINING: HEMO PERI	CROSS-REFER NO:	PHONE:(602)881-4463
ARTIFICAL KIDNEY CENTER EAST	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 030678	HCFA REGION: 09
5200 EAST GRANT RD, BLDG 500	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 027
TUCSON, AZ 85712	SELF-CARE: HEMO	INTERMEDIARY: 00030	RENAL NETWORK: 06
PROVIDER NO: 032501	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(602)881-3363
DESERT DIALYSIS CLINIC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 073185	HCFA REGION: 09
2022 EAST PRINCE RD	STAFF-ASSISTED:	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 000
TUCSON, AZ 85719	SELF-CARE:	INTERMEDIARY: 00030	RENAL NETWORK: 06
PROVIDER NO: 032514	TRAINING: CAPD	CROSS-REFER NO:	PHONE:(602)327-0007
TUCSON MEDICAL CENTER	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 040886	HCFA REGION: 09
5301 EAST GRANT	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 003
TUSCON, AZ 85712	SELF-CARE:	INTERMEDIARY: 00030	RENAL NETWORK: 06
PROVIDER NO: 030006	TRAINING:	CROSS-REFER NO:032308	PHONE:(*) -
COMMUNITY DIALYSIS SERVICES OF YUMA	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 100478	HCFA REGION: 09
1230 WEST 24TH ST.,SUITE 2	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 006
YUMA, AZ 85364	SELF-CARE:	INTERMEDIARY: 00030	RENAL NETWORK: 06
PROVIDER NO: 032502	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(602)782-5194

STATE=ARKANSAS

DEGRAY KIDNEY CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 091286	HCFA REGION: 09
208 NORTH 26TH STREET	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 002
ARKADELPHIA, AR 71923	SELF-CARE:	INTERMEDIARY: 00020	RENAL NETWORK: 10
PROVIDER NO: 042512	TRAINING:	CROSS-REFER NO:	PHONE:(501)246-3021
COMMUNITY DIALYSIS SVCS OF EL DORADO	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 040379	HCFA REGION: 06
308 1/2 COCDELL ST	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 016
EL DORADO, AR 71730	SELF-CARE:	INTERMEDIARY: 00020	RENAL NETWORK: 10
PROVIDER NO: 042503	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(501)863-0361
WASHINGTON REGIONAL MED CTR	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 083177	HCFA REGION: 06
1125 N. COLLEGE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 007
FAYETTEVILLE, AR 72701	SELF-CARE: HEMO	INTERMEDIARY: 00020	RENAL NETWORK: 10
PROVIDER NO: 040004	TRAINING: HEMO CAPD	CROSS-REFER NO:042300	PHONE:(501)442-1000
SPARKS REGIONAL MEDICAL CENTER	FACILITY TYPE: INPATIENT ONLY	DATE APPROVED: 083177	HCFA REGION: 06
1311 S EYE ST	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 006
FT SMITH, AR 72901	SELF-CARE:	INTERMEDIARY: 00020	RENAL NETWORK: 10
PROVIDER NO: 040055	TRAINING:	CROSS-REFER NO:042305	PHONE:(501)441-4000
HOLT-KROCK DIALYSIS CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 083177	HCFA REGION: 06
1500 DODSON AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 017
FT SMITH, AR 72901	SELF-CARE:	INTERMEDIARY: 00020	RENAL NETWORK: 10
PROVIDER NO: 042501	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(501)785-2371
NORTH ARKANSAS DIALYSIS	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 050986	HCFA REGION: 06
620 N VINE	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 004
HARRISON, AR 72601	SELF-CARE:	INTERMEDIARY: 00020	RENAL NETWORK: 10
PROVIDER NO: 042511	TRAINING:	CROSS-REFER NO:	PHONE:(501)442-5295
KIDNEY CARE INC.	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 031484	HCFA REGION: 06
P.O. BOX 427	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 004
HELENA, AR 72342	SELF-CARE:	INTERMEDIARY: 00020	RENAL NETWORK: 10
PROVIDER NO: 042510	TRAINING:	CROSS-REFER NO:	PHONE:(601)987-1000
OUACHITA REGIONAL DIALYSIS CTR INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 041282	HCFA REGION: 06
3100 MALVERN AVE. SUITE 103	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 010
HOT SPRINGS, AR 71901	SELF-CARE:	INTERMEDIARY: 00020	RENAL NETWORK: 10
PROVIDER NO: 042507	TRAINING: CAPD	CROSS-REFER NO:	PHONE:(501)624-0196
ST BERNARDS REGIONAL MEDICAL CTR	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090578	HCFA REGION: 06
224 E MATTHEWS	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 006
JONESBORO, AR 72401	SELF-CARE:	INTERMEDIARY: 00020	RENAL NETWORK: 10
PROVIDER NO: 040020	TRAINING: HEMO CAPD	CROSS-REFER NO:042303	PHONE:(501)972-4100
ST VINCENT INFIRMARY	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 041081	HCFA REGION: 06
MARKHAM & UNIVERSITY	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 009
LITTLE ROCK, AR 72201	SELF-CARE:	INTERMEDIARY: 00020	RENAL NETWORK: 10
PROVIDER NO: 040007	TRAINING: CAPD	CROSS-REFER NO:042311	PHONE:(501)661-3000
UNIVERSITY OF ARKANSAS HOSP	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 083177	HCFA REGION: 06
4301 W MARKHAM	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 009
LITTLE ROCK, AR 72201	SELF-CARE:	INTERMEDIARY: 00020	RENAL NETWORK: 10
PROVIDER NO: 040016	TRAINING: CAPD	CROSS-REFER NO:042302	PHONE:(501)661-5000

STATE=ARKANSAS CONTINUED

VA HOSP	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 083177	HCFA REGION: 06
4300 W 7TH	STAFF-ASSISTED:	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 003
LITTLE ROCK, AR 72205	SELF-CARE: HEMO PERI	INTERMEDIARY: 00080	RENAL NETWORK: 10
PROVIDER NO: 04010F	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:042308	PHONE:(501)660-2030
BAPTIST MEDICAL CENTER	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 083177	HCFA REGION: 06
9601 INTERSTATE 630 EXIT 7	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 007
LITTLE ROCK, AR 72201	SELF-CARE:	INTERMEDIARY: 00020	RENAL NETWORK: 10
PROVIDER NO: 040114	TRAINING: PERI CAPD	CROSS-REFER NO:042309	PHONE:(501)227-2364
ARKANSAS CHILDRENS HOSP	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 011179	HCFA REGION: 06
804 WOLFE ST	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 004
LITTLE ROCK, AR 72201	SELF-CARE:	INTERMEDIARY: 00020	RENAL NETWORK: 10
PROVIDER NO: 040117	TRAINING: CAPD	CROSS-REFER NO:042310	PHONE:(501)370-1100
BIO-MEDICAL APPLICATIONS OF ARKANSAS	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 083177	HCFA REGION: 06
5326 W MARKHAM SUITE 11	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 020
LITTLE ROCK, AR 72205	SELF-CARE:	INTERMEDIARY: 00020	RENAL NETWORK: 10
PROVIDER NO: 042500	TRAINING:	CROSS-REFER NO:	PHONE:(501)664-6802
BMA-PULASKI	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 083177	HCFA REGION: 06
2 LILE COURT	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 016
LITTLE ROCK, AR 72205	SELF-CARE: HEMO	INTERMEDIARY: 00020	RENAL NETWORK: 10
PROVIDER NO: 042502	TRAINING: HEMO	CROSS-REFER NO:	PHONE:(501)227-7384
COMMUNITY DIALYSIS OF MOUNTAIN HOME	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 120379	HCFA REGION: 06
CLG PLZ SHP CTR HWY 62 E & COLLEGE ST	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 010
MOUNTAIN HOME, AR 72653	SELF-CARE: HEMO	INTERMEDIARY: 00020	RENAL NETWORK: 10
PROVIDER NO: 042505	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(501)425-7300
COMM DIALYSIS CTR OF PINE BLUFF	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 032680	HCFA REGION: 06
2703 W 28TH ST	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 010
PINE BLUFF, AR 71603	SELF-CARE:	INTERMEDIARY: 00020	RENAL NETWORK: 10
PROVIDER NO: 042506	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(501)534-2211
COMMUNITY DIALYSIS SERVICES	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 100883	HCFA REGION: 06
2704 WEST MAIN	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 007
RUSSELLVILLE, AR 72801	SELF-CARE:	INTERMEDIARY: 00020	RENAL NETWORK: 10
PROVIDER NO: 042508	TRAINING: CAPD	CROSS-REFER NO:	PHONE:(501)968-4787
TEXARKANA KIDNEY DISEASE CTR	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 050284	HCFA REGION: 06
422 BEECH STREET	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 014
TEXARKANA, AR 75502	SELF-CARE: HEMO PERI	INTERMEDIARY: 00020	RENAL NETWORK: 10
PROVIDER NO: 042509	TRAINING: HEMO	CROSS-REFER NO:	PHONE:(501)773-1111
CRITTENDEN MEMORIAL HOSP	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 083177	HCFA REGION: 06
200 TYLER ST	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 012
WEST MEMPHIS, AR 72301	SELF-CARE: HEMO PERI	INTERMEDIARY: 00020	RENAL NETWORK: 18
PROVIDER NO: 040042	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:042304	PHONE:(501)735-1500

STATE=CALIFORNIA

ALHAM8RA COMMUNITY DIALYSIS UNIT	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 041486	HCFA REGION: 09
100 S RAYMOND	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 012
ALHAMBRA, CA 91801	SELF-CARE:	INTERMEDIARY: 00040	RENAL NETWORK: 04
PROVIDER NO: 052644	TRAINING:	CROSS-REFER NO:	PHONE:(818)570-1152
NEOPHRON INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 081777	HCFA REGION: 09
2051 E CERRITOS AVENUE	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 012
ANAHEIM, CA 92806	SELF-CARE:	INTERMEDIARY: 00040	RENAL NETWORK: 04
PROVIDER NO: 052503	TRAINING: HEMO CAPD CCPD	CROSS-REFER NO:	PHONE:(714)778-1530
ORANGE CO. DIALYSIS	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 081577	HCFA REGION: 09
1830 ROMNEYA DR-BOX 3297	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 022
ANAHEIM, CA 92801	SELF-CARE:	INTERMEDIARY: 00040	RENAL NETWORK: 04
PROVIDER NO: 052505	TRAINING: HEMO PERI CAPD CCPD	CROSS-REFER NO:	PHONE:(714)491-5861
ORANGE COUNTY DIALYSIS	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 050184	HCFA REGION: 09
3033 W ORANGE AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 006
ANAHEIM, CA 92804	SELF-CARE:	INTERMEDIARY: 00040	RENAL NETWORK: 04
PROVIDER NO: 052596	TRAINING: CAPD	CROSS-REFER NO:	PHONE:(714)827-1030
CDS-VICTOR VALLEY	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 073080	HCFA REGION: 09
DEL AMO PLAZA 18888 - HWY 18	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 009
APPLE VALLEY, CA 92307	SELF-CARE:	INTERMEDIARY: 00040	RENAL NETWORK: 04
PROVIDER NO: 052561	TRAINING: CAPD CCPD	CROSS-REFER NO:	PHONE:(619)242-8311
GOLD COUNTRY DIALYSIS CTR	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 020685	HCFA REGION: 09
11720 EDUCATION ST	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 006
AU8URN, CA 95603	SELF-CARE:	INTERMEDIARY: 00040	RENAL NETWORK: 03
PROVIDER NO: 052614	TRAINING: HEMO	CROSS-REFER NO:	PHONE:(916)823-0676
MERCY HOSP	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 081877	HCFA REGION: 09
2215 TRUXTUN AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 004
BAKERSFIELD, CA 93302	SELF-CARE:	INTERMEDIARY: 00040	RENAL NETWORK: 04
PROVIDER NO: 050295	TRAINING:	CROSS-REFER NO:052339	PHONE:(805)327-3371
8MA-BAKERSFIELD	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 080277	HCFA REGION: 09
2431 F STREET	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 025
BAKERSFIELD, CA 93301	SELF-CARE: HEMO	INTERMEDIARY: 00040	RENAL NETWORK: 04
PROVIDER NO: 052518	TRAINING: HEMO CAPD CCPD	CROSS-REFER NO:	PHONE:(805)325-2493
COMMUNITY DIALYSIS SERV OF BAKERSFIELD	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 110685	HCFA REGION: 09
5301 OFFICE PARK DR. 8LDG 4,S	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 020
BAKERSFIELD, CA 93309	SELF-CARE:	INTERMEDIARY: 00040	RENAL NETWORK: 04
PROVIDER NO: 052635	TRAINING:	CROSS-REFER NO:	PHONE:(805)232-2244
ALTA 8ATES CHRONIC DIALYSIS CLINIC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 081577	HCFA REGION: 09
2920 TELEGRAPH AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 025
BERKELEY, CA 94705	SELF-CARE:	INTERMEDIARY: 00040	RENAL NETWORK: 03
PROVIDER NO: 052511	TRAINING: CAPD	CROSS-REFER NO:	PHONE:(415)540-1444
BAYSIDE DIALYSIS CLINIC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 040483	HCFA REGION: 09
2001 DWIGHT WAY	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 023
8ERKELEY, CA 94704	SELF-CARE:	INTERMEDIARY: 00040	RENAL NETWORK: 03
PROVIDER NO: 052587	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:	PHONE:(415)540-4520

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PIONEERS MEM HOSP HDIAL UNIT 207 W LEGION RD BRAWLEY, CA 92227 PROVIDER NO: 053502	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 081277 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 010 RENAL NETWORK: 04 PHONE:(619)344-2120
BREA DIALYSIS INC 595 TAMARACK AVE 8REA, CA 92621 PROVIDER NO: 052621	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 051585 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 015 RENAL NETWORK: 04 PHONE:(714)990-0110
VALLEY DIALYSIS ASSOC INC. 501 S. 8UENA VISTA STREET BUR8ANK, CA 91505 PROVIDER NO: 052549	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPD CCPD	DATE APPROVED: 083077 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 015 RENAL NETWORK: 04 PHONE:(818)845-3364
COMMUNITY DIALYSIS SERV OF 8UR8ANK 1821 WEST OLIVE AVE BURBANK, CA 91506 PROVIDER NO: 052637	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI	DATE APPROVED: 012786 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 020 RENAL NETWORK: 04 PHONE:(818)845-3996
SAN FERNANDO WEST KIDNEY DIALYSIS 7230 MEDICAL CENTER DR CANOGA PARK, CA 91307 PROVIDER NO: 052588	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 061583 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 009 RENAL NETWORK: 04 PHONE:(818)888-4730
NEW WEST DIALYSIS 3785 VIA NONA MARIE CARMEL, CA 93923 PROVIDER NO: 052583	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 080582 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 008 RENAL NETWORK: 03 PHONE:(408)624-1204
NEW WEST DIALYSIS CLINIC 5120 MANZANITA AVE #160 CARMICHAEL, CA 95608 PROVIDER NO: 052604	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: 090584 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 008 RENAL NETWORK: 03 PHONE:(916)338-4301
NEW WEST DIALYSIS 262 COHASSET LANE CHICO, CA 95926 PROVIDER NO: 052553	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 082278 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 009 RENAL NETWORK: 03 PHONE:(916)895-8966
PACIFICA KIDNEY CENTER INC 670 L STREET SUITE G CHULA VISTA, CA 92010 PROVIDER NO: 052646	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: SELF-CARE: HEMO TRAINING: HEMO	DATE APPROVED: 060486 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 000 RENAL NETWORK: 04 PHONE:(619)691-0300
COMPTON COMMUNITY HEMODIALYSIS CENTER 801 W COMPTON BLVD COMPTON, CA 90220 PROVIDER NO: 052522	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 080377 OWNERSHIP: PROFIT INTERMEDIARY: 51051 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 020 RENAL NETWORK: 04 PHONE:(213)637-9026
MT DIABLO HOSP MED CTR 2540 EAST ST CONCORD, CA 94520 PROVIDER NO: 050496	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: 081677 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:052354	HCFA REGION: 09 TOTAL STATIONS: 024 RENAL NETWORK: 03 PHONE:(415)674-2465

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BROTMAN MEMORIAL HOSPITAL	FACILITY TYPE: INPATIENT ONLY	DATE APPROVED: 081177	HCFA REGION: 09
3828 HUGHES AVENUE	STAFF-ASSISTED:	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 000
CULVER CITY, CA 90230	SELF-CARE:	INTERMEDIARY: 51051	RENAL NETWORK: 04
PROVIDER NO: 050144	TRAINING:	CROSS-REFER NO:052324	PHONE:(213)836-7000
CULVER CITY DIALYSIS SERVICES	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 081477	HCFA REGION: 09
9808 VENICE BLVD STE 300	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 019
CULVER CITY, CA 90230	SELF-CARE: HEMO	INTERMEDIARY: 00040	RENAL NETWORK: 04
PROVIDER NO: 052544	TRAINING: HEMO	CROSS-REFER NO:	PHONE:(213)836-2237
COMMUNITY DIALYSIS SERVICES	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 083177	HCFA REGION: 09
1498 SOUTHGATE AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 017
DALY CITY, CA 94015	SELF-CARE:	INTERMEDIARY: 00040	RENAL NETWORK: 03
PROVIDER NO: 052546	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(415)755-4751
DOWNEY DIALYSIS CTR	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 083181	HCFA REGION: 09
8630 FLORENCE AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 014
DOWNEY, CA 90240	SELF-CARE:	INTERMEDIARY: 51051	RENAL NETWORK: 04
PROVIDER NO: 052574	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(213)923-6741
EAST BAY DIALYSIS MEDICAL CLINIC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 021081	HCFA REGION: 09
11883B DUBLIN BLVD #100	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 012
DUBLIN, CA 94566	SELF-CARE:	INTERMEDIARY: 00040	RENAL NETWORK: 03
PROVIDER NO: 052568	TRAINING:	CROSS-REFER NO:	PHONE:(415)829-9630
GHD DIALYSIS CTR	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 081777	HCFA REGION: 09
568 BROADWAY	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 019
EL CAJON, CA 92020	SELF-CARE:	INTERMEDIARY: 51051	RENAL NETWORK: 04
PROVIDER NO: 053503	TRAINING:	CROSS-REFER NO:	PHONE:(619)444-2178
PALOMAR MEM HOSP	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 081777	HCFA REGION: 09
550 E GRAND AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 004
ESCONDIDO, CA 92025	SELF-CARE:	INTERMEDIARY: 00040	RENAL NETWORK: 04
PROVIDER NO: 050115	TRAINING:	CROSS-REFER NO:052319	PHONE:(619)489-4764
NORTH COUNTY DIALYSIS CTR	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 042277	HCFA REGION: 09
130 SOUTH FIG ST	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 010
ESCONDIDO, CA 92025	SELF-CARE:	INTERMEDIARY: 00040	RENAL NETWORK: 04
PROVIDER NO: 052525	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(619)743-4401
BMA OF EUREKA-ARCATA	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 081777	HCFA REGION: 09
2701 HARRISON AVENUE	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 006
EUREKA, CA 95501	SELF-CARE:	INTERMEDIARY: 00040	RENAL NETWORK: 03
PROVIDER NO: 052543	TRAINING: CAPD	CROSS-REFER NO:	PHONE:(707)445-2033
FAIRFIELD DIALYSIS CLINIC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 032985	HCFA REGION: 09
1710 PENNSYLVANIA AVE #C	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 006
FAIRFIELD, CA 94533	SELF-CARE:	INTERMEDIARY: 00040	RENAL NETWORK: 03
PROVIDER NO: 052618	TRAINING:	CROSS-REFER NO:	PHONE:(707)425-0315
CDS-FOUNTAIN VALLEY	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 091683	HCFA REGION: 09
17197 NEWHOPE AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 020
FOUNTAIN VALLEY, CA 92708	SELF-CARE:	INTERMEDIARY: 00040	RENAL NETWORK: 04
PROVIDER NO: 052593	TRAINING:	CROSS-REFER NO:	PHONE:(714)241-0196

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WASHINGTON HOSP 2000 MOWRY AVE FREMONT, CA 94538 PROVIDER NO: 050195	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 081577 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:052330	HCFA REGION: 09 TOTAL STATIONS: 011 RENAL NETWORK: 03 PHONE:(415)797-1111
FRESNO COMM HOSP & MED CTR P.O. BOX 1232 FRESNO, CA 93715 PROVIDER NO: 050060	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD CCPD	DATE APPROVED: 072881 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:052372	HCFA REGION: 09 TOTAL STATIONS: 008 RENAL NETWORK: 03 PHONE:(209)442-3901
VALLEY MEDICAL RENAL CTR 445 S CEDAR AVE FRESNO, CA 93702 PROVIDER NO: 050213	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 082577 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:052332	HCFA REGION: 09 TOTAL STATIONS: 012 RENAL NETWORK: 03 PHONE:(209)453-4461
FRESNO DIALYSIS CLINIC 5000 EAST UNIVERSITY FRESNO, CA 93627 PROVIDER NO: 052527	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO	DATE APPROVED: 080277 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 020 RENAL NETWORK: 03 PHONE:(209)252-1932
COMMUNITY DIALYSIS SVCS OF FRESNO 4720 W JENNIFER, STE 105 FRESNO, CA 93711 PROVIDER NO: 052608	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI	DATE APPROVED: 072084 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 020 RENAL NETWORK: 03 PHONE:(209)276-1671
GARDEN GROVE ARTIFICIAL KIDNEY CTR 12601 GARDEN GROVE BLVD GARDEN GROVE, CA 92643 PROVIDER NO: 052617	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 120184 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 001 RENAL NETWORK: 04 PHONE:(714)537-5160
BEACH CITIES DIALYSIS 2015 W REDONDO BEACH BLVD,#E GARDENA, CA 90247 PROVIDER NO: 052581	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 080582 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 013 RENAL NETWORK: 04 PHONE:(213)515-0788
GLENDALE HEMODIALYSIS FACILITY 1560 E. CHEVY CHASE DR., # 160 GLENDALE, CA 91206 PROVIDER NO: 052557	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPD	DATE APPROVED: 060179 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 016 RENAL NETWORK: 04 PHONE:(818)240-9970
CDS - GLENDALE 1000 EAST PALMER GLENDALE, CA 91205 PROVIDER NO: 052632	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO	DATE APPROVED: 091385 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 022 RENAL NETWORK: 04 PHONE:(818)241-6382
GLENDORA COMM HOSP 122 W ALOSTA AVE, #23 GLENDORA, CA 91740 PROVIDER NO: 050205	FACILITY TYPE: INPATIENT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 080277 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:052331	HCFA REGION: 09 TOTAL STATIONS: 000 RENAL NETWORK: 04 PHONE:(213)335-0231
GLENDORA ARTIFICIAL KIDNEY CTR 130 W ALOSTA AVE #314 GLENDORA, CA 91740 PROVIDER NO: 052566	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 090180 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 022 RENAL NETWORK: 04 PHONE:(818)963-6096

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SACRED HEART DIALYSIS CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 080585	HCFA REGION: 09
900 NORTH DOUTY	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 007
HANFORD, CA 93230	SELF-CARE:	INTERMEDIARY: 00040	RENAL NETWORK: 04
PROVIDER NO: 052628	TRAINING:	CROSS-REFER NO:	PHONE:(209)582-4339
INNOVATIVE DIALYSIS INC.	FACILITY TYPE: INPATIENT ONLY	DATE APPROVED: 111077	HCFA REGION: 09
1437 W LOMITA BLVD	STAFF-ASSISTED:	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 000
HARBOR CITY, CA 90710	SELF-CARE:	INTERMEDIARY: 00040	RENAL NETWORK: 04
PROVIDER NO: 050066	TRAINING:	CROSS-REFER NO:052310	PHONE:(213)325-1221
BAY HARBOR DIALYSIS	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090185	HCFA REGION: 09
1437 W LOMITA BLVD	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 001
HARBOR CITY, CA 90710	SELF-CARE:	INTERMEDIARY: 00040	RENAL NETWORK: 04
PROVIDER NO: 052626	TRAINING:	CROSS-REFER NO:	PHONE:(213)325-1221
EAST BAY DIALYSIS	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 081877	HCFA REGION: 09
21313 FOOTHILL BLVD	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 024
HAYWARD, CA 94541	SELF-CARE: HEMO	INTERMEDIARY: 00040	RENAL NETWORK: 03
PROVIDER NO: 052540	TRAINING: HEMO CAPD CCPD	CROSS-REFER NO:	PHONE:(415)881-8488
ORANGE COUNTY DIALYSIS WEST	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 020686	HCFA REGION: 09
16892 BOLSA CHICA	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 007
HUNTINGTON BEACH, CA 92649	SELF-CARE:	INTERMEDIARY: 00040	RENAL NETWORK: 04
PROVIDER NO: 052641	TRAINING:	CROSS-REFER NO:	PHONE:(714)846-2102
COMMUNITY DIALYSIS SVCS-INGLEWOOD	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 081577	HCFA REGION: 09
501 E HARDY ST #100	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 030
INGLEWOOD, CA 90307	SELF-CARE:	INTERMEDIARY: 00040	RENAL NETWORK: 04
PROVIDER NO: 052538	TRAINING: CAPD CCPD	CROSS-REFER NO:	PHONE:(213)677-6114
CDS - LA BREA	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 060584	HCFA REGION: 09
101 N LA BREA BLVD	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 020
INGLEWOOD, CA 90301	SELF-CARE:	INTERMEDIARY: 00040	RENAL NETWORK: 04
PROVIDER NO: 052598	TRAINING: HEMO PERI	CROSS-REFER NO:	PHONE:(213)673-8060
PACIFIC COAST DIALYSIS CTR	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 112085	HCFA REGION: 09
1416 CONTINELLA AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 017
INGLEWOOD, CA 90301	SELF-CARE:	INTERMEDIARY: 00040	RENAL NETWORK: 04
PROVIDER NO: 052634	TRAINING:	CROSS-REFER NO:	PHONE:(213)673-6866
GROSSMONT HOSP	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 081177	HCFA REGION: 09
5555 GROSSMONT CENTER DR BOX 158	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 006
LA MESA, CA 92041	SELF-CARE:	INTERMEDIARY: 51051	RENAL NETWORK: 04
PROVIDER NO: 050026	TRAINING: HEMO CAPD CCPD	CROSS-REFER NO:052303	PHONE:(619)465-0711
CDN-LA PALMA	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 071185	HCFA REGION: 09
5451 LA PALMA AVE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 007
LA PALMA, CA 90623	SELF-CARE:	INTERMEDIARY: 00040	RENAL NETWORK: 04
PROVIDER NO: 052627	TRAINING:	CROSS-REFER NO:	PHONE:(714)523-5970
COMMUNITY DIALYSIS SERV OF LA PUENTE	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 012786	HCFA REGION: 09
1639 HACIENDA BLVD	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 022
LA PUENTE, CA 91714	SELF-CARE:	INTERMEDIARY: 00040	RENAL NETWORK: 04
PROVIDER NO: 052639	TRAINING:	CROSS-REFER NO:	PHONE:(818)917-7118

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BURTEC HEMODDIALYSIS UNIT	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 082677	HCFA REGION: 09
9870 GENESEE AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 020
LAJOLLA, CA 92037	SELF-CARE:	INTERMEDIARY: 00040	RENAL NETWORK: 04
PROVIDER NO: 052547	TRAINING:	CROSS-REFER NO:	PHONE:(619)453-9070
LAKE COUNTY DIALYSIS	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 091784	HCFA REGION: 09
800 ELEVENTH ST NO 2	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 005
LAKEPORT, CA 95453	SELF-CARE: HEMO PERI	INTERMEDIARY: 00040	RENAL NETWORK: 03
PROVIDER NO: 052601	TRAINING:	CROSS-REFER NO:	PHONE:(707)263-7132
DOCTORS HOSP OF LAKEWOOD	FACILITY TYPE: INPATIENT ONLY	DATE APPROVED: 071877	HCFA REGION: 09
3700 E SOUTH ST	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 000
LAKEWOOD, CA 90712	SELF-CARE:	INTERMEDIARY: 51051	RENAL NETWORK: 04
PROVIDER NO: 050581	TRAINING:	CROSS-REFER NO:052360	PHONE:(213)531-2550
LAKEWOOD COMM DIALYSIS UNIT	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 080477	HCFA REGION: 09
4131 E SOUTH ST	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 015
LAKEWOOD, CA 90712	SELF-CARE:	INTERMEDIARY: 51051	RENAL NETWORK: 04
PROVIDER NO: 052539	TRAINING:	CROSS-REFER NO:	PHONE:(213)633-7441
ANTELOPE VALLEY DIALYSIS FACILITY	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 080577	HCFA REGION: 09
44203 N 15TH ST WEST	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 010
LANCASTER, CA 93534	SELF-CARE:	INTERMEDIARY: 00040	RENAL NETWORK: 04
PROVIDER NO: 052521	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(805)945-5894
SATELLITE DIALYSIS CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 081877	HCFA REGION: 09
5 BON AIR RD SUITE 119	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 012
LARKSPURO, CA 94939	SELF-CARE:	INTERMEDIARY: 00040	RENAL NETWORK: 03
PROVIDER NO: 052526	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(415)924-8622
LOMA LINDA UNIVERSITY MEDICAL CENTER	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 081277	HCFA REGION: 09
11234 ANDERSON ST	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 007
LOMA LINDA, CA 92354	SELF-CARE: HEMO PERI	INTERMEDIARY: 00040	RENAL NETWORK: 04
PROVIDER NO: 050327	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:052342	PHONE:(714)796-7311
LOMA LINDA DIALYSIS SERVICES	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 120277	HCFA REGION: 09
11375 ANDERSON STREET	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 020
LOMA LINDA, CA 92354	SELF-CARE:	INTERMEDIARY: 00040	RENAL NETWORK: 04
PROVIDER NO: 052550	TRAINING: CAPD	CROSS-REFER NO:	PHONE:(714)796-7311
ST MARY MEDICAL CENTER	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 081177	HCFA REGION: 09
1050 LINDEN AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 013
LONG BEACH, CA 90813	SELF-CARE: HEMO	INTERMEDIARY: 00040	RENAL NETWORK: 04
PROVIDER NO: 050191	TRAINING: HEMO CAPD CCPD	CROSS-REFER NO:052328	PHONE:(213)491-9240
BMA-LONG BEACH	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 080577	HCFA REGION: 09
1045 ALTANTIC AVE NO 108	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 018
LONG BEACH, CA 90813	SELF-CARE:	INTERMEDIARY: 00040	RENAL NETWORK: 04
PROVIDER NO: 052523	TRAINING:	CROSS-REFER NO:	PHONE:(213)432-4444
MEMORIAL HOSP OF LONG BEACH/CDN	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 070184	HCFA REGION: 09
2880 ATLANTIC AVESUITE 230	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 005
LONG BEACH, CA 90806	SELF-CARE:	INTERMEDIARY: 51051	RENAL NETWORK: 04
PROVIDER NO: 053508	TRAINING:	CROSS-REFER NO:	PHONE:(213)427-4006

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LOS ALAMITOS HEMODIALYSIS CENTER 3810 KATELLA AVENUE SUITE 401 LOS ALAMITOS, CA 90720 PROVIDER NO: 052515	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 081577 OWNERSHIP: PROFIT INTERMEDIARY: 51051 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 024 RENAL NETWORK: 04 PHONE:(213)598-9527
KAISER FOUNDATION HOSP 4867 SUNSET BLVD LOS ANGELES, CA 90027 PROVIDER NO: 050138	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 072577 OWNERSHIP: NONPROFIT INTERMEDIARY: 51051 CROSS-REFER NO:052323	HCFA REGION: 09 TOTAL STATIONS: 018 RENAL NETWORK: 04 PHONE:(213)667-5579
U C L A HOSP CTR FOR HEALTH SCIENCES 10833 LE CONTE AVE LOS ANGELES, CA 90024 PROVIDER NO: 050262	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 082677 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:052336	HCFA REGION: 09 TOTAL STATIONS: 008 RENAL NETWORK: 04 PHONE:(213)825-2550
LOS ANGELES COUNTY USC MEDICAL CENTER 1200 N STATE ST LOS ANGELES, CA 90033 PROVIDER NO: 050373	FACILITY TYPE: TRANSPLANT ONLY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 020184 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:052344	HCFA REGION: 09 TOTAL STATIONS: 011 RENAL NETWORK: 04 PHONE:(213)226-7301
ST VINCENT MEDICAL CENTER 2131 W 3RD ST LOS ANGELES, CA 90057 PROVIDER NO: 050502	FACILITY TYPE: TRANSPLANT ONLY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO	DATE APPROVED: 081777 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:052355	HCFA REGION: 09 TOTAL STATIONS: 006 RENAL NETWORK: 04 PHONE:(213)484-7111
MARTIN LUTHER KING JR GEN HOSP 12021 S WILMINGTON AVE LOS ANGELES, CA 90059 PROVIDER NO: 050578	FACILITY TYPE: INPATIENT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 081177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:052359	HCFA REGION: 09 TOTAL STATIONS: 000 RENAL NETWORK: 04 PHONE:(213)603-5201
CEDARS-SINAI MEDICAL CENTER 8700 BEVERLY BLVD LOS ANGELES, CA 90048 PROVIDER NO: 050625	FACILITY TYPE: TRANSPLANT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 021384 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:052364	HCFA REGION: 09 TOTAL STATIONS: 000 RENAL NETWORK: 04 PHONE:(213)855-5000
USHAWL, INC.-TEMPLE 2723 W TEMPLE ST LOS ANGELES, CA 90026 PROVIDER NO: 052509	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 072577 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 035 RENAL NETWORK: 04 PHONE:(213)384-0995
USHAWL INC-DOCTOR'S 706 E 32ND ST LOS ANGELES, CA 90011 PROVIDER NO: 052516	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 081377 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 042 RENAL NETWORK: 04 PHONE:(213)233-7101
USHAWL INC-WESTSIDE 934 SOUTH FAIRFAX AVE LOS ANGELES, CA 90036 PROVIDER NO: 052517	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 081077 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 010 RENAL NETWORK: 04 PHONE:(213)931-1311
EAST L A KIDNEY CTR 5260 E POMONA BLVD LOS ANGELES, CA 90022 PROVIDER NO: 052577	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI	DATE APPROVED: 122381 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 012 RENAL NETWORK: 04 PHONE:(213)721-1800

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ST VINCENT DIALYSIS CTR INC 201 S ALVARADO ST #220 LOS ANGELES, CA 90057 PROVIDER NO: 052582	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPD	DATE APPROVED: 090182 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 017 RENAL NETWORK: 04 PHONE:(213)484-7425
MLK KIDNEY CENTER 11859 COMPTON AVE LOS ANGELES, CA 90059 PROVIDER NO: 052590	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 071983 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 006 RENAL NETWORK: 04 PHONE:(213)563-1140
BEVERLY HILLS DIALYSIS CTR 8762 W PICO BLVD LOS ANGELES, CA 90035 PROVIDER NO: 052599	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 010184 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 017 RENAL NETWORK: 04 PHONE:(213)205-7924
USHAWL-CEDARS SINAI TOWERS 8635 W THIRD, SUITE 560W LOS ANGELES, CA 90048 PROVIDER NO: 053507	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 021384 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 020 RENAL NETWORK: 04 PHONE:(213)855-1742
USC OUTPATIENT DIALYSIS CENTER 1200 N STATE ST LOS ANGELES, CA 90033 PROVIDER NO: 052595	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 122382 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 010 RENAL NETWORK: 04 PHONE:(213)224-7612
WHITE MEMORIAL KIDNEY CENTER 1720 BROOKLYN AVE LOS ANGELES, CA 90033 PROVIDER NO: 052622	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 041185 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 011 RENAL NETWORK: 04 PHONE:(213)268-5000
LOS ANGELES DIALYSIS TRAINING CTR 2080 CENTURY PART EAST, STE 18 LOS ANGELES, CA 90067 PROVIDER NO: 052625	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: SELF-CARE: TRAINING: HEMO PERI	DATE APPROVED: 072485 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 000 RENAL NETWORK: 04 PHONE:(213)284-8111
WILSHIRE DIALYSIS CENTER 1212 WILSHIRE BLVD LOS ANGELES, CA 90017 PROVIDER NO: 052631	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 090985 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 015 RENAL NETWORK: 04 PHONE:(213)482-5181
CHILDREN'S HOSP OF LOS ANGELES 4650 SUNSET BLVD LOS ANGELES, CA 90027 PROVIDER NO: 053302	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 030184 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:052321	HCFA REGION: 09 TOTAL STATIONS: 010 RENAL NETWORK: 04 PHONE:(213)669-2102
MIDWAY DIALYSIS CENTER INC. 5901 W OLYMPIC RD LOS ANGELES, CA 90036 PROVIDER NO: 052640	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 013186 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 008 RENAL NETWORK: 04 PHONE:(213)930-6008
WEST VALLEY DIALYSIS CTR 14651 S BASCOM AVE #100 LOS GATOS, CA 95030 PROVIDER NO: 052605	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 100284 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 012 RENAL NETWORK: 03 PHONE:(408)358-3791

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KIDNEY DIALYSIS CARE UNITS	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 081377	HCFA REGION: 09
3600 E CENTURY BLVD	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 020
LYNWOOD, CA 90262	SELF-CARE: HEMO	INTERMEDIARY: 00040	RENAL NETWORK: 04
PROVIDER NO: 052502	TRAINING:	CROSS-REFER NO:	PHONE:(213)639-6320
DIALYSIS CENTER OF COUNTY MERCED	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 110882	HCFA REGION: 09
200 E 15TH ST	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 006
MERCED, CA 95340	SELF-CARE:	INTERMEDIARY: 00040	RENAL NETWORK: 03
PROVIDER NO: 052584	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(209)385-7274
HOLY CROSS RENAL CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 120179	HCFA REGION: 09
14935 RINALDI ST, #101	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 015
MISSION HILLS, CA 91345	SELF-CARE:	INTERMEDIARY: 00040	RENAL NETWORK: 04
PROVIDER NO: 052558	TRAINING: CAPD	CROSS-REFER NO:	PHONE:(818)365-6961
MISSION HILLS KIDNEY CTR	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 102885	HCFA REGION: 09
11550 INDIAN HILLS RD,STE 100	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 015
MISSION HILLS, CA 91345	SELF-CARE: HEMO PERI	INTERMEDIARY: 00040	RENAL NETWORK: 04
PROVIDER NO: 052633	TRAINING: HEMO PERI CCPD	CROSS-REFER NO:	PHONE:(818)898-1724
MISSION DIALYSIS INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 050184	HCFA REGION: 09
27800 MEDICAL CENTER RD #450	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 006
MISSION VIEJO, CA 92691	SELF-CARE:	INTERMEDIARY: 00040	RENAL NETWORK: 04
PROVIDER NO: 052597	TRAINING:	CROSS-REFER NO:	PHONE:(714)364-5501
SATELLITE DIALYSIS CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 081077	HCFA REGION: 09
1329 SPANOS CT,BLDG D	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 020
MODESTO, CA 95355	SELF-CARE:	INTERMEDIARY: 00040	RENAL NETWORK: 03
PROVIDER NO: 052531	TRAINING: HEMO PERI CAPD CCPD	CROSS-REFER NO:	PHONE:(209)578-0691
BEVERLY DIALYSIS	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 080977	HCFA REGION: 09
100 W HARDING ST	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 009
MONTEBELLO, CA 90640	SELF-CARE: HEMO	INTERMEDIARY: 00040	RENAL NETWORK: 04
PROVIDER NO: 052542	TRAINING: CAPD	CROSS-REFER NO:	PHONE:(213)726-1412
GARFIELD HEMODIALYSIS CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 091280	HCFA REGION: 09
118 HILLIARD AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 020
MONTEREY PARK, CA 91754	SELF-CARE:	INTERMEDIARY: 51051	RENAL NETWORK: 04
PROVIDER NO: 052564	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(818)288-5796
EL CAMINO HOSP	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 081277	HCFA REGION: 09
2500 GRANT RD	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 020
MOUNTAIN VIEW, CA 94040	SELF-CARE: HEMO PERI	INTERMEDIARY: 00040	RENAL NETWORK: 03
PROVIDER NO: 050308	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:052341	PHONE:(415)940-7015
NAPA VALLEY COMMUNITY DIALYSIS	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 101580	HCFA REGION: 09
1100 TRANCAS ST SUITE 267	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 007
NAPA, CA 94558	SELF-CARE:	INTERMEDIARY: 00040	RENAL NETWORK: 03
PROVIDER NO: 052565	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:	PHONE:(707)224-6533
NAPA DIALYSIS CLINIC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 032585	HCFA REGION: 09
3230 BEARD RD	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 007
NAPA, CA 94558	SELF-CARE:	INTERMEDIARY: 00040	RENAL NETWORK: 03
PROVIDER NO: 052615	TRAINING: HEMO	CROSS-REFER NO:	PHONE:(707)253-8937

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BIO-MEDICAL COMM DIAL UNIT OF S BAY 303 W 26TH ST NATIONAL CITY, CA 92050 PROVIDER NO: 052536	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 081277 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 022 RENAL NETWORK: 04 PHONE:(619)474-8151
HOAG MEMORIAL HOSP PRESBYTERIAN 301 NEWPORT BLVD,BOX Y NEWPORT BEACH, CA 92663 PROVIDER NO: 050224	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 031280 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:052366	HCFA REGION: 09 TOTAL STATIONS: 006 RENAL NETWORK: 04 PHONE:(714)760-5900
NORTHRIDGE HOSPITAL FOUNDATION-CDN 18518 ROSCOE BLVD NORTHRIDGE, CA 91324 PROVIDER NO: 050116	FACILITY TYPE: INPATIENT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 010179 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:052320	HCFA REGION: 09 TOTAL STATIONS: 000 RENAL NETWORK: 04 PHONE:(213)885-8500
CLINISHARE DIALYSIS NETWORK-NORTHRIDGE 18518 ROSCOE BLVD NORTHRIDGE, CA 91324 PROVIDER NO: 052545	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 081577 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 015 RENAL NETWORK: 04 PHONE:(818)886-3771
BMA DIALYSIS OF OAKLAND 3100 SUMMIT ST SO. BLDG. OAKLAND, CA 94609 PROVIDER NO: 052534	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD CCPD	DATE APPROVED: 081577 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 034 RENAL NETWORK: 03 PHONE:(415)893-2060
BMA OF ALAMEDA COUNTY INC 10700 MACARTHUR BLVD #14 OAKLAND, CA 94605 PROVIDER NO: 052586	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 032383 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 009 RENAL NETWORK: 03 PHONE:(415)569-3426
PIEDMONT DIALYSIS INC 4341 PIEDMONT AVE OAKLAND, CA 94611 PROVIDER NO: 052610	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI	DATE APPROVED: 011485 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 015 RENAL NETWORK: 03 PHONE:(415)428-1188
TRI-CITY HOSPITAL DISTRICT 4010 VISTA MAY OCEANSIDE, CA 92056 PROVIDER NO: 053511	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 101284 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 008 RENAL NETWORK: 04 PHONE:(*)-
ST JOSEPH HOSP HEMODIALYSIS UNIT 1100 W STEWART DRIVE ORANGE, CA 92668 PROVIDER NO: 050069	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 081577 OWNERSHIP: NONPROFIT INTERMEDIARY: 51051 CROSS-REFER NO:052311	HCFA REGION: 09 TOTAL STATIONS: 020 RENAL NETWORK: 04 PHONE:(714)633-9111
UNIV OF CA-IRVINE MED CTR 101 CITY DRIVE SOUTH ORANGE, CA 92668 PROVIDER NO: 050348	FACILITY TYPE: TRANSPLANT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 070183 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:052343	HCFA REGION: 09 TOTAL STATIONS: 000 RENAL NETWORK: 04 PHONE:(714)634-5751
UC IRVINE RENAL DIALYSIS CENTER 101 CITY DR SOUTH BLDG 24 ORANGE, CA 92668 PROVIDER NO: 052589	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD CCPD	DATE APPROVED: 070183 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 007 RENAL NETWORK: 04 PHONE:(714)634-5555

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DIALYSIS CENTER OF VENTURA COUNTY	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 100186	HCFA REGION: 09
333 NORTH F ST	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 019
OXNARD, CA 93030	SELF-CARE:	INTERMEDIARY: 00040	RENAL NETWORK: 04
PROVIDER NO: 052650	TRAINING: CAPD	CROSS-REFER NO:	PHONE:(805)487-7861
COMMUNITY DIALYSIS SVCS-SAN FERNANDO	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 072277	HCFA REGION: 09
12990 BRANFORD UNIT P	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 018
PACOIMA, CA 91331	SELF-CARE:	INTERMEDIARY: 00040	RENAL NETWORK: 04
PROVIDER NO: 052529	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:	PHONE:(818)768-0770
DESERT DIALYSIS MEDICAL CLINIC INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 081577	HCFA REGION: 09
345 TACHEVAH ST,SUITE #9	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 012
PALM SPRINGS, CA 92262	SELF-CARE:	INTERMEDIARY: 00040	RENAL NETWORK: 04
PROVIDER NO: 052541	TRAINING:	CROSS-REFER NO:	PHONE:(619)325-0908
SATELLITE DIALYSIS	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 120577	HCFA REGION: 09
770 WELCH RD #280	STAFF-ASSISTED:	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 008
PALO ALTO, CA 94304	SELF-CARE: HEMO	INTERMEDIARY: 00040	RENAL NETWORK: 03
PROVIDER NO: 052551	TRAINING: HEMO CAPD CCPD	CROSS-REFER NO:	PHONE:(415)328-8170
CENTRAL VALLEY RURAL DIALYSIS	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 020485	HCFA REGION: 09
8700 S MENDOCINO AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 004
PARLIER, CA 93648	SELF-CARE:	INTERMEDIARY: 00040	RENAL NETWORK: 03
PROVIDER NO: 052612	TRAINING:	CROSS-REFER NO:	PHONE:(209)646-3532
CLINISHARE DIALYSIS NETWORK-PASADENA	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 060980	HCFA REGION: 09
1845 N. FAIROAKS AVE, SUITE 207	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 016
PASADENA, CA 91103	SELF-CARE:	INTERMEDIARY: 00040	RENAL NETWORK: 04
PROVIDER NO: 052562	TRAINING: CAPD	CROSS-REFER NO:	PHONE:(818)798-0587
EATON CANYON DIALYSIS CTR	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 022085	HCFA REGION: 09
2632 E WASHINGTON BLVD	STAFF-ASSISTED:	OWNERSHIP: PROFIT	TOTAL STATIONS: 000
PASADENA, CA 91107	SELF-CARE:	INTERMEDIARY: 00040	RENAL NETWORK: 04
PROVIDER NO: 052613	TRAINING: CAPD	CROSS-REFER NO:	PHONE:(818)798-8896
55 CONGRESS DIALYSIS UNIT	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 030885	HCFA REGION: 09
55 CONGRESS ST	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 004
PASADENA, CA 91105	SELF-CARE: HEMO PERI	INTERMEDIARY: 00040	RENAL NETWORK: 04
PROVIDER NO: 052619	TRAINING: HEMO PERI	CROSS-REFER NO:	PHONE:(818)792-0548
COMMUNITY HEMODIALYSIS	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 081485	HCFA REGION: 09
141 LYNCH CREEK WAY STE C	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 009
PETALUMA, CA 94952	SELF-CARE:	INTERMEDIARY: 00040	RENAL NETWORK: 03
PROVIDER NO: 052624	TRAINING: HEMO	CROSS-REFER NO:	PHONE:(707)795-4450
PITTSBURG HEMODIALYSIS	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 032585	HCFA REGION: 09
329 EAST LELAND RD	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 008
PITTSBURG, CA 94565	SELF-CARE:	INTERMEDIARY: 00040	RENAL NETWORK: 03
PROVIDER NO: 053509	TRAINING: HEMO	CROSS-REFER NO:	PHONE:(415)439-8772
DIALYSIS CENTER OF POMONA	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 071583	HCFA REGION: 09
800 N PARK AVE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 012
POMONA, CA 91768	SELF-CARE:	INTERMEDIARY: 51051	RENAL NETWORK: 04
PROVIDER NO: 052591	TRAINING:	CROSS-REFER NO:	PHONE:(714)620-1945

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PORTERVILLE HEMODIALYSIS FACILITY	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 041686	HCFA REGION: 09
774 NORTH PROSPECT	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 008
PORTERVILLE, CA 93257	SELF-CARE:	INTERMEDIARY: 00040	RENAL NETWORK: 04
PROVIDER NO: 053512	TRAINING:	CROSS-REFER NO:	PHONE:(209)788-5551
NEW WEST DIALYSIS	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 082077	HCFA REGION: 09
1388 COURT ST. SUITE A	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 011
REDDING, CA 96002	SELF-CARE:	INTERMEDIARY: 00040	RENAL NETWORK: 03
PROVIDER NO: 052528	TRAINING: CAPD CCPD	CROSS-REFER NO:	PHONE:(916)246-7474
SATELLITE DIALYSIS CENTER INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 110584	HCFA REGION: 09
345 CONVENTION WAY SUITE C	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 010
REDWOOD CITY, CA 94063	SELF-CARE: HEMO PERI	INTERMEDIARY: 00040	RENAL NETWORK: 03
PROVIDER NO: 052611	TRAINING: HEMO PERI	CROSS-REFER NO:	PHONE:(415)367-9500
SATELLITE DIALYSIS	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 032086	HCFA REGION: 09
345 CONVENTION WAY STE B	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 010
REDWOOD CITY, CA 95380	SELF-CARE:	INTERMEDIARY: 00040	RENAL NETWORK: 03
PROVIDER NO: 052647	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:( ) -
RIVERSIDE GEN HOSP-UNIV MED CENTER	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 080877	HCFA REGION: 09
9851 MAGNOLIA AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 010
RIVERSIDE, CA 92503	SELF-CARE: PERI	INTERMEDIARY: 00040	RENAL NETWORK: 04
PROVIDER NO: 050292	TRAINING: CAPD	CROSS-REFER NO:052338	PHONE:(714)351-7540
RIVERSIDE-SAN BERNARDINO HEMO UNIT	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 081277	HCFA REGION: 09
4000 FOURTEENTH ST - SUITE 204	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 015
RIVERSIDE, CA 92501	SELF-CARE:	INTERMEDIARY: 00040	RENAL NETWORK: 04
PROVIDER NO: 052532	TRAINING: CAPD	CROSS-REFER NO:	PHONE:(714)682-2700
ROSEVILLE HEMODIALYSIS	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 011582	HCFA REGION: 09
218 HARDING BLVD	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 011
ROSEVILLE, CA 95678	SELF-CARE:	INTERMEDIARY: 00040	RENAL NETWORK: 03
PROVIDER NO: 052578	TRAINING: CAPD	CROSS-REFER NO:	PHONE:(916)786-2728
SUTTER GEN HOSP-ARTIFICIAL KIDNEY CTR	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 021886	HCFA REGION: 09
2820 L STREET	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 012
SACRAMENTO, CA 95816	SELF-CARE: HEMO	INTERMEDIARY: 00040	RENAL NETWORK: 03
PROVIDER NO: 050108	TRAINING: HEMO	CROSS-REFER NO:052316	PHONE:(916)454-2222
UNIV OF CA DAVIS - MED CTR	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 081677	HCFA REGION: 09
2315 STOCKTON BLVD, #6201A	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 004
SACRAMENTO, CA 95817	SELF-CARE:	INTERMEDIARY: 00040	RENAL NETWORK: 03
PROVIDER NO: 050599	TRAINING: CAPD CCPD	CROSS-REFER NO:052361	PHONE:(916)453-2891
NEW WEST DIALYSIS	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 081977	HCFA REGION: 09
300 UNIVERSITY AVE #101	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 025
SACRAMENTO, CA 95825	SELF-CARE:	INTERMEDIARY: 00040	RENAL NETWORK: 03
PROVIDER NO: 052530	TRAINING: CAPD	CROSS-REFER NO:	PHONE:(916)920-0256
NEW WEST DIALYSIS -S. SACRAMENTO	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 121980	HCFA REGION: 09
7000 FRANKLIN BLVD STE 880	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 012
SACRAMENTO, CA 95823	SELF-CARE:	INTERMEDIARY: 00040	RENAL NETWORK: 03
PROVIDER NO: 052569	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(916)427-2561

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NATIVIDAD MEDICAL CENTER P.O. BOX 1611 SALINAS, CA 93901 PROVIDER NO: 050248	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 081277 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:052335	HCFA REGION: 09 TOTAL STATIONS: 007 RENAL NETWORK: 03 PHONE:(408)757-0200
SALINAS VALLEY DIALYSIS SVCS INC 230 SAN JOSE ST, #30 SALINAS, CA 93901 PROVIDER NO: 052602	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 100384 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 000 RENAL NETWORK: 03 PHONE:(408)754-2225
SAN BERNARDINO COUNTY MED CTR 780 EAST GILBERT SAN BERNARDINO, CA 92404 PROVIDER NO: 050245	FACILITY TYPE: TRANSPLANT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 111581 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:052334	HCFA REGION: 09 TOTAL STATIONS: 000 RENAL NETWORK: 04 PHONE:(714)383-1870
SAN BERNARDINO VALLEY HEM 1500 N WATERMAN AVE SAN BERNARDINO, CA 92404 PROVIDER NO: 052575	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 111581 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 016 RENAL NETWORK: 04 PHONE:(714)381-1591
UNIVERSITY HOSPITAL UCSD MEDICAL CTR 225 W DICKINSON ST SAN DIEGO, CA 92103 PROVIDER NO: 050025	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 081677 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:052302	HCFA REGION: 09 TOTAL STATIONS: 008 RENAL NETWORK: 04 PHONE:(619)294-5646
8MA OF SAN DIEGO 3960 THIRD AVE SAN DIEGO, CA 92103 PROVIDER NO: 052500	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 081177 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 020 RENAL NETWORK: 04 PHONE:(619)299-3900
ARTIFICIAL KIDNEY CTR 7927 OSTROW ST SAN DIEGO, CA 92117 PROVIDER NO: 052576	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 111381 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 016 RENAL NETWORK: 04 PHONE:(619)571-0232
R K DAVIES MEDICAL CENTER CASTRO DU8OCE STS SAN FRANCISCO, CA 94114 PROVIDER NO: 050008	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 081077 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:052300	HCFA REGION: 09 TOTAL STATIONS: 014 RENAL NETWORK: 03 PHONE:(415)565-6075
MOUNT ZION HOSP & MEDICAL CENTER 1600 DIVISADERO ST SAN FRANCISCO, CA 94120 PROVIDER NO: 050033	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPD CCPD	DATE APPROVED: 081577 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:052304	HCFA REGION: 09 TOTAL STATIONS: 011 RENAL NETWORK: 03 PHONE:(415)567-6600
PACIFIC MEDICAL CTR-PRESBYTERIAN P.O. BOX 7999 SAN FRANCISCO, CA 94120 PROVIDER NO: 050047	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 081877 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:052307	HCFA REGION: 09 TOTAL STATIONS: 018 RENAL NETWORK: 03 PHONE:(415)563-4321
KAISER FOUNDATION HOSP 2425 GEARY BLVD SAN FRANCISCO, CA 94115 PROVIDER NO: 050076	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 040577 OWNERSHIP: NONPROFIT INTERMEDIARY: 51051 CROSS-REFER NO:052312	HCFA REGION: 09 TOTAL STATIONS: 006 RENAL NETWORK: 03 PHONE:(415)929-4541

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UNIVERSITY OF CALIF AT SAN FRANCISCO UC MOFFITT ROOM 884 SAN FRANCISCO, CA 94143 PROVIDER NO: 050454	FACILITY TYPE: TRANSPLANT ONLY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 022280 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:052351	HCFA REGION: 09 TOTAL STATIONS: 000 RENAL NETWORK: 03 PHONE:(415)666-1551
COMMUNITY HEMODIALYSIS OF SF 1800 HAIGHT ST SAN FRANCISCO, CA 94117 PROVIDER NO: 052507	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 080877 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 012 RENAL NETWORK: 03 PHONE:(415)752-9886
UNIVERSITY OF CA RENAL CTR 1001 POTRERO AVENUE BUILDING 100 SAN FRANCISCO, CA 94110 PROVIDER NO: 053500	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 081577 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 012 RENAL NETWORK: 03 PHONE:(415)648-2511
U. C. PEDIATRIC RENAL CENTER 400 PARNASSUS AVE - RM 276 SAN FRANCISCO, CA 94143 PROVIDER NO: 053501	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: PERI TRAINING: PERI CAPD CCPD	DATE APPROVED: 080977 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 004 RENAL NETWORK: 03 PHONE:(415)476-2423
SAN FRANCISCO PERITONEAL DIALYSIS 2100 WEBSTER ST #506 SAN FRANCISCO, CA 94115 PROVIDER NO: 052623	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: SELF-CARE: TRAINING: CAPD	DATE APPROVED: 050685 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 000 RENAL NETWORK: 03 PHONE:(415)929-9111
SAN FRANCISCO HOME DIALYSIS CTR 2001 UNION ST ROOM 590 SAN FRANCISCO, CA 94123 PROVIDER NO: 052645	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: SELF-CARE: TRAINING: CAPD	DATE APPROVED: 040486 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 000 RENAL NETWORK: 03 PHONE:(415)931-6611
HEMET VALLEY HEMODIALYSIS CTR 1330 SOUTH STATE ST SAN JACINTO, CA 92383 PROVIDER NO: 052620	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 030585 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 006 RENAL NETWORK: 04 PHONE:(714)654-1066
SANTA CLARA VALLEY MEDICAL CENTER 751 S BASCOM AVE SAN JOSE, CA 95128 PROVIDER NO: 050038	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 082277 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:052305	HCFA REGION: 09 TOTAL STATIONS: 009 RENAL NETWORK: 03 PHONE:(408)279-5100
SATELLITE DIALYSIS CENTER 1175 SARATOGA AVE #14 SAN JOSE, CA 95129 PROVIDER NO: 052514	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO TRAINING: HEMO	DATE APPROVED: 081077 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 017 RENAL NETWORK: 03 PHONE:(408)446-3466
SATELLITE DIALYSIS 2121 ALEXIAN DR #118 SAN JOSE, CA 95116 PROVIDER NO: 052572	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 062581 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 013 RENAL NETWORK: 03 PHONE:(408)258-8720
SATELLITE DIALYSIS CTR 5595 WINFIELD BLVD,#200 SAN JOSE, CA 95123 PROVIDER NO: 052600	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 091884 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 010 RENAL NETWORK: 03 PHONE:(408)226-3220

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SAN LUIS OBISPO GEN HOSP	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 081077	HCFA REGION: 09
2180 JOHNSON AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 014
SAN LUIS OBISPO, CA 93406	SELF-CARE:	INTERMEDIARY: 00040	RENAL NETWORK: 04
PROVIDER NO: 050088	TRAINING: HEMO CAPD	CROSS-REFER NO:052315	PHONE:(805)543-1500
MILLS MEMORIAL HOSPITAL/CAPD	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 080177	HCFA REGION: 09
100 S SAN MATEO DRIVE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 014
SAN MATEO, CA 94401	SELF-CARE: HEMO	INTERMEDIARY: 00040	RENAL NETWORK: 03
PROVIDER NO: 050302	TRAINING: HEMO	CROSS-REFER NO:052340	PHONE:(415)579-2000
WEST CONTRA COSTA DIALYSIS	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 042580	HCFA REGION: 09
14020 SAN PABLO AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 015
SAN PABLO, CA 94806	SELF-CARE:	INTERMEDIARY: 00040	RENAL NETWORK: 03
PROVIDER NO: 052560	TRAINING:	CROSS-REFER NO:	PHONE:(415)234-0835
SAN PEDRO COMM DIALYSIS CTR	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 103078	HCFA REGION: 09
621 BUTTE ST	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 009
SAN PEDRO, CA 90731	SELF-CARE:	INTERMEDIARY: 00040	RENAL NETWORK: 04
PROVIDER NO: 050078	TRAINING:	CROSS-REFER NO:052369	PHONE:(213)832-3311
CDS-SAN PEDRO COMMUNITY DIALYSIS	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 103078	HCFA REGION: 09
621 BUTTE ST	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 009
SAN PEDRO, CA 90731	SELF-CARE:	INTERMEDIARY: 00040	RENAL NETWORK: 04
PROVIDER NO: 052594	TRAINING:	CROSS-REFER NO:	PHONE:(213)514-5244
WESTERN MEDICAL CENTER	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 081777	HCFA REGION: 09
1001 N. TUSTIN AVE.	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 004
SANTA ANA, CA 92705	SELF-CARE:	INTERMEDIARY: 00040	RENAL NETWORK: 04
PROVIDER NO: 050065	TRAINING:	CROSS-REFER NO:052309	PHONE:(714)953-3318
SANTA BARBARA COMM DIALYSIS CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 081077	HCFA REGION: 09
222 PESETAS LANE	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 014
SANTA BARBARA, CA 93110	SELF-CARE: HEMO PERI	INTERMEDIARY: 00040	RENAL NETWORK: 04
PROVIDER NO: 052513	TRAINING: HEMO PERI CAPD CCPD	CROSS-REFER NO:	PHONE:(805)964-7873
SANTA BARBARA ARTIFICIAL KIDNEY CTR	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 111684	HCFA REGION: 09
514 W PUEBLO ST	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 005
SANTA BARBARA, CA 93105	SELF-CARE:	INTERMEDIARY: 00040	RENAL NETWORK: 04
PROVIDER NO: 052606	TRAINING:	CROSS-REFER NO:	PHONE:(805)687-0456
CLINISHARE DIALYSIS NETWORK	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 012679	HCFA REGION: 09
2128 SOQUEL AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 017
SANTA CRUZ, CA 95062	SELF-CARE:	INTERMEDIARY: 00040	RENAL NETWORK: 03
PROVIDER NO: 052555	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:	PHONE:(408)425-0727
MARIAN MED CTR-KIDNEY DISEASE UNIT	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 040484	HCFA REGION: 09
220 S PALISADES,STE203	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 007
SANTA MARIA, CA 93454	SELF-CARE:	INTERMEDIARY: 00040	RENAL NETWORK: 04
PROVIDER NO: 053510	TRAINING:	CROSS-REFER NO:	PHONE:(805)922-5811
SANTA MONICA HEMODIALYSIS CTR	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 101977	HCFA REGION: 09
2001 SANTA MONICA BLVD #260W	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 016
SANTA MONICA, CA 90404	SELF-CARE:	INTERMEDIARY: 00040	RENAL NETWORK: 04
PROVIDER NO: 050112	TRAINING: HEMO	CROSS-REFER NO:052318	PHONE:(213)453-0494

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COMMUNITY HEMODIALYSIS UNIT	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 081877	HCFA REGION: 09
3327 CHANATE RD	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 012
SANTA ROSA, CA 95404	SELF-CARE:	INTERMEDIARY: 00040	RENAL NETWORK: 03
PROVIDER NO: 052524	TRAINING: CAPD	CROSS-REFER NO:	PHONE:(707)527-5350
SATELLITE DIALYSIS CTR OF SANTA ROSA	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 092385	HCFA REGION: 09
1255 N DUTTON AVE PARK CTR 2	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 011
SANTA ROSA, CA 95401	SELF-CARE:	INTERMEDIARY: 00040	RENAL NETWORK: 03
PROVIDER NO: 052630	TRAINING:	CROSS-REFER NO:	PHONE:(707)526-0717
SANTA ROSA TRANSPLANT CENTER	FACILITY TYPE: TRANSPLANT ONLY	DATE APPROVED: 072286	HCFA REGION: 09
121 SOTOYOME AVE #203	STAFF-ASSISTED:	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 000
SANTA ROSA, CA 95405	SELF-CARE:	INTERMEDIARY: 51051	RENAL NETWORK: 03
PROVIDER NO: 050174	TRAINING:	CROSS-REFER NO:052374	PHONE:(707)546-3210
KIDNEY CENTER OF SIMI VALLEY	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 112685	HCFA REGION: 09
2950 SYCAMORE DR	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 010
SIMI VALLEY, CA 93065	SELF-CARE:	INTERMEDIARY: 00040	RENAL NETWORK: 04
PROVIDER NO: 052638	TRAINING:	CROSS-REFER NO:	PHONE:(805)584-2411
SATELLITE DIALYSIS CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 110584	HCFA REGION: 09
136 COLUMBIA WAY	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 006
SONORA, CA 95370	SELF-CARE: HEMO PERI	INTERMEDIARY: 00040	RENAL NETWORK: 03
PROVIDER NO: 052609	TRAINING: HEMO PERI	CROSS-REFER NO:	PHONE:(209)532-3072
SOUTH COAST MEDICAL CENTER	FACILITY TYPE: INPATIENT ONLY	DATE APPROVED: 081777	HCFA REGION: 09
31872 COAST HWY	STAFF-ASSISTED:	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 004
SOUTH LAGUNA, CA 92677	SELF-CARE:	INTERMEDIARY: 51051	RENAL NETWORK: 04
PROVIDER NO: 050193	TRAINING:	CROSS-REFER NO:052329	PHONE:(714)499-1311
STANFORD UNIVERSITY HEMODIALYSIS	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 080877	HCFA REGION: 09
HOOVER PAVILION - NIA	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 007
STANFORD, CA 94305	SELF-CARE:	INTERMEDIARY: 00040	RENAL NETWORK: 03
PROVIDER NO: 050441	TRAINING: HEMO CAPD	CROSS-REFER NO:052350	PHONE:(415)723-7256
SAN JOAQUIN GEN HOSP	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 080377	HCFA REGION: 09
P.O. BOX 1020	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 010
STOCKTON, CA 95201	SELF-CARE:	INTERMEDIARY: 00040	RENAL NETWORK: 03
PROVIDER NO: 050167	TRAINING: HEMO	CROSS-REFER NO:052326	PHONE:(209)982-1800
ARTIFICIAL KIDNEY MED CLINIC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 081277	HCFA REGION: 09
2350 N CALIFORNIA ST	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 017
STOCKTON, CA 95204	SELF-CARE:	INTERMEDIARY: 00040	RENAL NETWORK: 03
PROVIDER NO: 052535	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(209)943-0854
RENAL HYGIENICS, INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 083177	HCFA REGION: 09
18425 BURBANK BLVD #411	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 011
TARZANA, CA 91356	SELF-CARE:	INTERMEDIARY: 00040	RENAL NETWORK: 04
PROVIDER NO: 052504	TRAINING: HEMO	CROSS-REFER NO:	PHONE:(818)342-3795
SAN GABRIEL KIDNEY CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 081186	HCFA REGION: 09
4820 ARDEN DR	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 016
TEMPLE CITY, CA 91780	SELF-CARE:	INTERMEDIARY: 00040	RENAL NETWORK: 04
PROVIDER NO: 052649	TRAINING:	CROSS-REFER NO:	PHONE:(818)350-1481

STATE=CALIFORNIA CONTINUED

LOS ROBLES REGIONAL MEDICAL CENTER 215 WEST JANSS RD THOUSAND OAKS, CA 91360 PROVIDER NO: 050549	FACILITY TYPE: INPATIENT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 081177 OWNERSHIP: PROFIT INTERMEDIARY: 51051 CROSS-REFER NO:052356	HCFA REGION: 09 TOTAL STATIONS: 000 RENAL NETWORK: 04 PHONE:(805)497-2727
CONEJO VALLEY RENAL CENTER 227 W JANSS RD #265 THOUSAND OAKS, CA 91360 PROVIDER NO: 052579	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 121481 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 016 RENAL NETWORK: 04 PHONE:(805)496-6071
L A CO HARBOR-UCLA MED CTR 1000 W CARSON ST TORRANCE, CA 90509 PROVIDER NO: 050376	FACILITY TYPE: TRANSPLANT ONLY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 071877 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:052345	HCFA REGION: 09 TOTAL STATIONS: 006 RENAL NETWORK: 04 PHONE:(213)533-2728
BMA OF LOS ANGELES INC 1123 WEST CARSON ST TORRANCE, CA 90502 PROVIDER NO: 052508	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 080377 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 022 RENAL NETWORK: 04 PHONE:(213)320-4093
TORRANCE COMMUNITY HEMODIALYSIS UNIT 3295 SKYPARK DRIVE TORRANCE, CA 90505 PROVIDER NO: 052556	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 122778 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 012 RENAL NETWORK: 04 PHONE:(213)539-5091
BMA - UKIAH HEMODIALYSIS 620 S DORA ST - SUITE 101 UKIAH, CA 95482 PROVIDER NO: 052548	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 072577 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 006 RENAL NETWORK: 03 PHONE:(707)468-9206
EAST BAY DIALYSIS 10 UNION SQUARE BLVD - BLDG 3 UNION CITY, CA 94587 PROVIDER NO: 052571	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 052081 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 015 RENAL NETWORK: 03 PHONE:(415)489-1600
DIALYSIS CENTER OF UPLAND 600 N 13TH AVENUE UPLAND, CA 91786 PROVIDER NO: 052552	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 042878 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 022 RENAL NETWORK: 04 PHONE:(714)946-3802
VALENCIA RENAL CTR 23861 W MCBEAN PKWY, #E11 VALENCIA, CA 91355 PROVIDER NO: 052573	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 072381 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 006 RENAL NETWORK: 04 PHONE:(805)254-2040
COMMUNITY DIALYSIS SERVICE 123 HOSPITAL DR VALLEJO, CA 94590 PROVIDER NO: 052567	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 080780 OWNERSHIP: PROFIT INTERMEDIARY: 00040 CROSS-REFER NO:	HCFA REGION: 09 TOTAL STATIONS: 008 RENAL NETWORK: 03 PHONE:(707)553-9174
VALLEY PRESBYTERIAN HOSPITAL 15107 VANOWEN ST VAN NUYS, CA 91406 PROVIDER NO: 050126	FACILITY TYPE: INPATIENT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 120178 OWNERSHIP: NONPROFIT INTERMEDIARY: 00040 CROSS-REFER NO:052322	HCFA REGION: 09 TOTAL STATIONS: 000 RENAL NETWORK: 04 PHONE:(213)782-6600

STATE=CALIFORNIA CONTINUED

VALLEY PRESBYTERIAN COMM DIALYSIS	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 120178	HCFA REGION: 09
16149 HART ST	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 013
VAN NUYS, CA 91406	SELF-CARE:	INTERMEDIARY: 51051	RENAL NETWORK: 04
PROVIDER NO: 052554	TRAINING:	CROSS-REFER NO:	PHONE:(818)787-0990
CLINISHARE DIALYSIS NETWORK-VAN NUYS	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 020183	HCFA REGION: 09
14624 SHERMAN WAY #106	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 006
VAN NUYS, CA 91405	SELF-CARE:	INTERMEDIARY: 00040	RENAL NETWORK: 04
PROVIDER NO: 052585	TRAINING: CAPD	CROSS-REFER NO:	PHONE:(818)994-2332
KAWEAH DELTA HEMODIALYSIS FACILITY	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 082277	HCFA REGION: 09
320 W MAIN ST	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 013
VISALIA, CA 93291	SELF-CARE:	INTERMEDIARY: 00040	RENAL NETWORK: 04
PROVIDER NO: 053506	TRAINING: HEMO	CROSS-REFER NO:	PHONE:(209)625-7210
CLINISHARE DIALYSIS NETWORK	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 111984	HCFA REGION: 09
40 PENNY LANE, BLDG D	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 009
WATSONVILLE, CA 95076	SELF-CARE: HEMO PERI	INTERMEDIARY: 00040	RENAL NETWORK: 03
PROVIDER NO: 052607	TRAINING: HEMO PERI	CROSS-REFER NO:	PHONE:(405)728-3671
SATELLITE DIALYSIS CENTER,INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 082985	HCFA REGION: 09
1201-B FREEDOM BLVD	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 007
WATSONVILLE, CA 95076	SELF-CARE:	INTERMEDIARY: 00040	RENAL NETWORK: 03
PROVIDER NO: 052629	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(408)728-8855
COVINA COMMUNITIES HEMODIALYSIS CTR	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 011482	HCFA REGION: 09
1547 W GARVEY AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 009
WEST COVINA, CA 91791	SELF-CARE:	INTERMEDIARY: 51051	RENAL NETWORK: 04
PROVIDER NO: 052580	TRAINING: HEMO PERI	CROSS-REFER NO:	PHONE:(818)960-9404
BMA WHITTIER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 080377	HCFA REGION: 09
12401 EAST WASHINGTON BLVD	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 014
WHITTIER, CA 90602	SELF-CARE:	INTERMEDIARY: 00040	RENAL NETWORK: 04
PROVIDER NO: 052519	TRAINING:	CROSS-REFER NO:	PHONE:(213)945-2341
WHITTIER DIALYSIS CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 072883	HCFA REGION: 09
10155 COLIMA RD	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 015
WHITTIER, CA 90603	SELF-CARE: HEMO PERI	INTERMEDIARY: 00040	RENAL NETWORK: 04
PROVIDER NO: 052592	TRAINING: CAPD	CROSS-REFER NO:	PHONE:(213)696-7700
COMMUNITY DIALYSIS	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 122680	HCFA REGION: 09
520 COTTONWOOD ST,SUITE 12	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 006
WOODLAND, CA 95695	SELF-CARE:	INTERMEDIARY: 00040	RENAL NETWORK: 03
PROVIDER NO: 052570	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(916)666-3684
NEPHRO CARE, INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 121685	HCFA REGION: 09
20501 VENTURA BLVD SUITE 380	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 006
WOODLAND HILLS, CA 91364	SELF-CARE: HEMO PERI	INTERMEDIARY: 00040	RENAL NETWORK: 04
PROVIDER NO: 052636	TRAINING: HEMO PERI	CROSS-REFER NO:	PHONE:(818)888-4883
NEW WEST DIALYSIS CLINIC-YUBA CITY	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 080480	HCFA REGION: 09
1007 LIVE OAK BLVD	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 008
YUBA CITY, CA 95991	SELF-CARE:	INTERMEDIARY: 00040	RENAL NETWORK: 03
PROVIDER NO: 052563	TRAINING:	CROSS-REFER NO:	PHONE:(916)671-3652

STATE=COLORADO

THE DIALYSIS CTR - BOULDER	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 090186	HCFA REGION: 08
P.O. BOX 9019	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 006
BOULDER, CO 80301	SELF-CARE:	INTERMEDIARY: 00050	RENAL NETWORK: 05
PROVIDER NO: 063501	TRAINING:	CROSS-REFER NO:	PHONE:(303)440-2294
PIKES PEAK DIALYSIS CTR PC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 121079	HCFA REGION: 08
2120 E LASALLE ST	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 020
COLORADO SPRINGS, CO 80909	SELF-CARE:	INTERMEDIARY: 00050	RENAL NETWORK: 05
PROVIDER NO: 062507	TRAINING: HEMO CAPD CCPD	CROSS-REFER NO:	PHONE:(303)471-4615
THE DIALYSIS CENTER-DENVER	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 071477	HCFA REGION: 08
1719 EAST 19TH AVE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 018
DENVER, CO 80218	SELF-CARE: HEMO PERI	INTERMEDIARY: 00050	RENAL NETWORK: 05
PROVIDER NO: 060005	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:062300	PHONE:(303)839-6110
UNIVERSITY OF COLORADO	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 090177	HCFA REGION: 08
4200 E NINTH AVE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 009
DENVER, CO 80262	SELF-CARE:	INTERMEDIARY: 00050	RENAL NETWORK: 05
PROVIDER NO: 060024	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:062303	PHONE:(303)394-8881
VA HOSP	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 083177	HCFA REGION: 08
1055 CLERMONT ST, 111C	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 017
DENVER, CO 80220	SELF-CARE: HEMO PERI	INTERMEDIARY: 00080	RENAL NETWORK: 05
PROVIDER NO: 06005F	TRAINING: HEMO PERI	CROSS-REFER NO:062306	PHONE:(303)399-8020
PORTER MEMORIAL HOSP	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 012786	HCFA REGION: 08
2525 SOUTH DOWNING STREET	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 016
DENVER, CO 80210	SELF-CARE:	INTERMEDIARY: 00050	RENAL NETWORK: 05
PROVIDER NO: 060064	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:062307	PHONE:(303)778-5703
ROCKY MOUNTAIN KIDNEY CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 071977	HCFA REGION: 08
4545 EAST 9TH AVE. SUITE 140	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 025
DENVER, CO 80220	SELF-CARE:	INTERMEDIARY: 00050	RENAL NETWORK: 05
PROVIDER NO: 062501	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:	PHONE:(303)320-2911
COMMUNITY DIALYSIS SERVICE DENVER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 061281	HCFA REGION: 08
2401 S DOWNING ST	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 013
DENVER, CO 80210	SELF-CARE:	INTERMEDIARY: 00050	RENAL NETWORK: 05
PROVIDER NO: 062509	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:	PHONE:(303)778-8353
AMI/ST LUKES HOSPITAL	FACILITY TYPE: TRANSPLANT ONLY	DATE APPROVED: 082685	HCFA REGION: 08
601 EAST 19TH AVE	STAFF-ASSISTED:	OWNERSHIP: PROFIT	TOTAL STATIONS: 000
DENVER, CO 80203	SELF-CARE:	INTERMEDIARY: 00050	RENAL NETWORK: 05
PROVIDER NO: 060014	TRAINING:	CROSS-REFER NO:062310	PHONE:(303)869-2155
NORTHERN COLORADO KIDNEY CTR	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 011979	HCFA REGION: 08
1213 RIVERSIDE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 011
FT COLLINS, CO 80524	SELF-CARE:	INTERMEDIARY: 00050	RENAL NETWORK: 05
PROVIDER NO: 062505	TRAINING: HEMO PERI CAPD CCPD	CROSS-REFER NO:	PHONE:(303)493-7575
WESTERN DIALYSIS CTR PC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 071477	HCFA REGION: 08
1750 PIERCE ST	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 018
LAKEWOOD, CO 80214	SELF-CARE:	INTERMEDIARY: 00050	RENAL NETWORK: 05
PROVIDER NO: 062502	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:	PHONE:(303)238-6111

STATE=COLORADO CONTINUED

ST MARY CORWIN HOSPITAL	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 08
1008 MINNEQUA AVENUE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 010
PUEBLO, CO 81004	SELF-CARE:	INTERMEDIARY: 00050	RENAL NETWORK: 05
PROVIDER NO: 060012	TRAINING: HEMO PERI CAPD CCPD	CROSS-REFER NO:062301	PHONE:(303)560-4000

STATE=CONNECTICUT

SO CT OUT-OF-HOSP DIALYSIS UNIT	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 082577	HCFA REGION: 01
900 MADISON AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 032
BRIDGEPORT, CT 06606	SELF-CARE: HEMO PERI	INTERMEDIARY: 00060	RENAL NETWORK: 27
PROVIDER NO: 072501	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(203)366-3855
DANBURY HOSP-ESRD	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 082577	HCFA REGION: 01
24 HOSPITAL AVE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 008
DANBURY, CT 06810	SELF-CARE:	INTERMEDIARY: 00060	RENAL NETWORK: 27
PROVIDER NO: 070033	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:072308	PHONE:(203)797-7000
ST FRANCIS HOSP	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 082577	HCFA REGION: 01
114 WOODLAND ST	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 015
HARTFORD, CT 06105	SELF-CARE:	INTERMEDIARY: 50333	RENAL NETWORK: 27
PROVIDER NO: 070002	TRAINING: CAPD	CROSS-REFER NO:072301	PHONE:(203)548-4176
MT SINAI HOSP	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 100981	HCFA REGION: 01
500 BLUE HILLS AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 006
HARTFORD, CT 06112	SELF-CARE: HEMO	INTERMEDIARY: 50072	RENAL NETWORK: 27
PROVIDER NO: 070013	TRAINING: HEMO CAPD	CROSS-REFER NO:072313	PHONE:(203)242-4431
HARTFORD HOSP	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 082577	HCFA REGION: 01
80 SEYMOUR ST	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 020
HARTFORD, CT 06115	SELF-CARE: HEMO PERI	INTERMEDIARY: 51070	RENAL NETWORK: 27
PROVIDER NO: 070025	TRAINING: HEMO PERI CAPD CCPD	CROSS-REFER NO:072307	PHONE:(203)524-2068
MIDDLESEX MEM HOSP	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 073181	HCFA REGION: 01
60 CRESCENT ST	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 007
MIDDLETOWN, CT 06457	SELF-CARE: HEMO PERI	INTERMEDIARY: 00060	RENAL NETWORK: 27
PROVIDER NO: 070020	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:072312	PHONE:(203)347-9471
NEW BRITAIN GEN HOSP	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 082577	HCFA REGION: 01
100 GRAND ST	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 010
NEW BRITAIN, CT 06050	SELF-CARE:	INTERMEDIARY: 51070	RENAL NETWORK: 27
PROVIDER NO: 070035	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:072310	PHONE:(203)224-5195
THE HOSPITAL OF ST RAPHAEL	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 082577	HCFA REGION: 01
1450 CHAPEL ST	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 012
NEW HAVEN, CT 06510	SELF-CARE:	INTERMEDIARY: 00060	RENAL NETWORK: 27
PROVIDER NO: 070001	TRAINING: HEMO CAPD	CROSS-REFER NO:072300	PHONE:(203)789-3545
YALE NEW HAVEN HOSP	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 083177	HCFA REGION: 01
20 YORK ST.	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 015
NEW HAVEN, CT 06504	SELF-CARE:	INTERMEDIARY: 00060	RENAL NETWORK: 27
PROVIDER NO: 070022	TRAINING: HEMO PERI	CROSS-REFER NO:072305	PHONE:(203)436-2761
METABOLISM ASSOCIATES.	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 092183	HCFA REGION: 01
136 SHERMAN AVE	STAFF-ASSISTED:	OWNERSHIP: PROFIT	TOTAL STATIONS: 000
NEW HAVEN, CT 06511	SELF-CARE:	INTERMEDIARY: 00060	RENAL NETWORK: 27
PROVIDER NO: 072503	TRAINING: CAPD	CROSS-REFER NO:	PHONE:(203)787-0117
NORWALK HOSPITAL	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 082577	HCFA REGION: 01
MAPLE STREET	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 019
NORWALK, CT 06856	SELF-CARE:	INTERMEDIARY: 00060	RENAL NETWORK: 27
PROVIDER NO: 070034	TRAINING: HEMO CAPD	CROSS-REFER NO:072309	PHONE:(203)852-2211

STATE=CONNECTICUT CONTINUED

WILLIAM W BACKUS HOSP	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 082577	HCFA REGION: 01
326 WASHINGTON ST	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 006
NORWICH, CT 06360	SELF-CARE:	INTERMEDIARY: 00060	RENAL NETWORK: 27
PROVIDER NO: 070024	TRAINING: HEMO CAPD	CROSS-REFER NO:072306	PHONE:(203)889-8331
NE REGIONAL DIALYSIS UNIT	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 082577	HCFA REGION: 01
31 UNION ST	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 010
ROCKVILLE, CT 06066	SELF-CARE:	INTERMEDIARY: 50333	RENAL NETWORK: 27
PROVIDER NO: 070012	TRAINING: HEMO CAPD	CROSS-REFER NO:072303	PHONE:(203)872-0501
DIALYSIS ASSOCIATES P.C.	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090385	HCFA REGION: 01
166 W BROAD ST	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 003
STAMFORD, CT 06902	SELF-CARE: HEMO PERI	INTERMEDIARY: 00060	RENAL NETWORK: 27
PROVIDER NO: 072504	TRAINING: HEMO PERI CAPD CCPD	CROSS-REFER NO:	PHONE:(203)324-7666
CHARLOTTE HUNGERFORD HOSP	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 071778	HCFA REGION: 01
540 LITCHFIELD ST	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 006
TORRINGTON, CT 06790	SELF-CARE:	INTERMEDIARY: 00060	RENAL NETWORK: 27
PROVIDER NO: 070011	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:072311	PHONE:(203)482-9351
WATERBURY HOSP	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 082577	HCFA REGION: 01
64 ROBBINS ST	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 008
WATERBURY, CT 06708	SELF-CARE: HEMO	INTERMEDIARY: 00060	RENAL NETWORK: 27
PROVIDER NO: 070005	TRAINING: HEMO CAPD	CROSS-REFER NO:072302	PHONE:(203)573-6000
ST MARYS HOSP	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 082577	HCFA REGION: 01
56 FRANKLIN ST	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 007
WATERBURY, CT 06702	SELF-CARE:	INTERMEDIARY: 00060	RENAL NETWORK: 27
PROVIDER NO: 070016	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:072304	PHONE:(203)574-6166

STATE=DELAWARE

RENAL CARE CENTER OF DOVER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 122378	HCFA REGION: 03
748 S NEW ST	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 016
DOVER, DE 19901	SELF-CARE:	INTERMEDIARY: 00070	RENAL NETWORK: 24
PROVIDER NO: 082502	TRAINING: HEMO PERI	CROSS-REFER NO:	PHONE:(302)658-7469
KENT GENERAL HOSPITAL ESRD UNIT	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 040185	HCFA REGION: 03
640 S STATE STREET	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 104
DOVER, DE 19901	SELF-CARE:	INTERMEDIARY: 00070	RENAL NETWORK: 24
PROVIDER NO: 080004	TRAINING:	CROSS-REFER NO:	PHONE:(302)734-4700
MEDICAL CENTER OF DELAWARE	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 03
501 W. 14TH ST.	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 006
WILMINGTON, DE 19899	SELF-CARE:	INTERMEDIARY: 00070	RENAL NETWORK: 24
PROVIDER NO: 080001	TRAINING: CAPD	CROSS-REFER NO:082300	PHONE:(302)428-2741
RENAL CARE CENTER OF BRANDYWINE	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090177	HCFA REGION: 03
2300 PENNSYLVANIA AVENUE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 033
WILMINGTON, DE 19806	SELF-CARE:	INTERMEDIARY: 00070	RENAL NETWORK: 24
PROVIDER NO: 082501	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:	PHONE:(302)658-7469

STATE=DISTRICT OF COLUMBIA

GEORGE WASHINGTON UNIV HOSP	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 090177	HCFA REGION: 03
2150 PENNSYLVANIA AVE NW	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 009
WASHINGTON, DC 20037	SELF-CARE:	INTERMEDIARY: 00080	RENAL NETWORK: 23
PROVIDER NO: 090001	TRAINING: HEMO CAPD	CROSS-REFER NO:092300	PHONE:(202)676-2500
HOWARD UNIVERSITY HOSPITAL	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 090177	HCFA REGION: 03
2112 GEORGIA AVE NW	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 022
WASHINGTON, DC 20060	SELF-CARE: HEMO PERI	INTERMEDIARY: 00080	RENAL NETWORK: 23
PROVIDER NO: 090003	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:092301	PHONE:(202)232-0954
GEORGETOWN UNIV HOSP	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 090177	HCFA REGION: 03
3800 RESERVOIR RD NW	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 012
WASHINGTON, DC 20007	SELF-CARE:	INTERMEDIARY: 00080	RENAL NETWORK: 23
PROVIDER NO: 090004	TRAINING: HEMO CAPD	CROSS-REFER NO:092302	PHONE:(202)625-7003
DISTRICT OF COLUMBIA GEN HOSP	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 03
19TH & MASS AVE SE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 004
WASHINGTON, DC 20003	SELF-CARE:	INTERMEDIARY: 00080	RENAL NETWORK: 23
PROVIDER NO: 090007	TRAINING:	CROSS-REFER NO:092303	PHONE:(202)675-5404
GREATER SE COMMUNITY HOSPITAL	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 080884	HCFA REGION: 03
1310 SOUTHERN AVE SE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 003
WASHINGTON, DC 20032	SELF-CARE: HEMO PERI	INTERMEDIARY: 00080	RENAL NETWORK: 23
PROVIDER NO: 090008	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:092306	PHONE:(202)574-6000
WASHINGTON HOSP CTR	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 090177	HCFA REGION: 03
110 IRVING ST NW	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 008
WASHINGTON, DC 20010	SELF-CARE:	INTERMEDIARY: 52280	RENAL NETWORK: 23
PROVIDER NO: 090011	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:092304	PHONE:(202)541-6101
BMA OF DUPONT CIRCLE	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090177	HCFA REGION: 03
11 DUPONT CIRCLE NW SUITE LL 100	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 029
WASHINGTON, DC 20036	SELF-CARE:	INTERMEDIARY: 00080	RENAL NETWORK: 23
PROVIDER NO: 092501	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(202)483-0176
BMA OF CAPITOL HILL	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090177	HCFA REGION: 03
900 M STREET SE	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 026
WASHINGTON, DC 20003	SELF-CARE:	INTERMEDIARY: 00080	RENAL NETWORK: 23
PROVIDER NO: 092502	TRAINING:	CROSS-REFER NO:	PHONE:(202)547-2880
BMA COLUMBIA HEIGHTS	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090177	HCFA REGION: 03
106 IRVING ST NW	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 020
WASHINGTON, DC 20010	SELF-CARE:	INTERMEDIARY: 52280	RENAL NETWORK: 23
PROVIDER NO: 092503	TRAINING:	CROSS-REFER NO:	PHONE:(202)829-0060
BMA OF SOUTHEAST WASH.	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 011378	HCFA REGION: 03
1350 SOUTHERN AVE SE	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 012
WASHINGTON, DC 20032	SELF-CARE:	INTERMEDIARY: 00080	RENAL NETWORK: 23
PROVIDER NO: 092505	TRAINING:	CROSS-REFER NO:	PHONE:(202)561-0828
BMA TAKOMA PARK	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 052780	HCFA REGION: 03
247 CARROLL ST NW	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 005
WASHINGTON, DC 20012	SELF-CARE:	INTERMEDIARY: 00080	RENAL NETWORK: 23
PROVIDER NO: 092506	TRAINING:	CROSS-REFER NO:	PHONE:(202)723-8010

STATE=DISTRICT OF COLUMBIA CONTINUED

BMA OF NORTHEAST	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 072882	HCFA REGION: 03
1302 RHODE ISLAND AVE NE	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 012
WASHINGTON, DC 20018	SELF-CARE:	INTERMEDIARY: 00080	RENAL NETWORK: 23
PROVIDER NO: 092507	TRAINING: HEMO	CROSS-REFER NO:	PHONE:(202)636-3829
ANACOSTIA COMMUNITY DIALYSIS CTR	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 062783	HCFA REGION: 03
3929 MINNESOTA AVE NE	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 007
WASHINGTON, DC 20019	SELF-CARE:	INTERMEDIARY: 00080	RENAL NETWORK: 23
PROVIDER NO: 092508	TRAINING:	CROSS-REFER NO:	PHONE:(202)397-2200
CHILDREN'S HOSPITAL NAT'L MED CTR	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 070184	HCFA REGION: 03
111 MICHIGAN AVE NW	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 006
WASHINGTON, DC 20010	SELF-CARE:	INTERMEDIARY: 00080	RENAL NETWORK: 23
PROVIDER NO: 093300	TRAINING: CAPD	CROSS-REFER NO:092305	PHONE:(202)745-5148
G.W.U. AMBULATORY DIALYSIS CTR	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 030784	HCFA REGION: 03
908 NEW HAMPSHIRE AVE NW.	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 012
WASHINGTON, DC 20037	SELF-CARE:	INTERMEDIARY: 00080	RENAL NETWORK: 23
PROVIDER NO: 093500	TRAINING: CAPD	CROSS-REFER NO:	PHONE:(202)676-5667
BMA OF MARTIN LUTHER KING	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 120285	HCFA REGION: 03
2051 MARTIN LUTHER KING AVE SE	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 011
WASHINGTON, DC 20020	SELF-CARE:	INTERMEDIARY: 00080	RENAL NETWORK: 23
PROVIDER NO: 092509	TRAINING:	CROSS-REFER NO:	PHONE:(202)889-1919
GRANT PARK DIALYSIS CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 012286	HCFA REGION: 03
5051 HAYES ST S.E.	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 011
WASHINGTON, DC 20019	SELF-CARE:	INTERMEDIARY: 00080	RENAL NETWORK: 23
PROVIDER NO: 092510	TRAINING:	CROSS-REFER NO:	PHONE:(202)399-7700

STATE=FLORIDA

SOUTH LAKE ARTIFICIAL KIDNEY CTR	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 082284	HCFA REGION: 04
1201 S MAIN ST-BOX 127	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 008
BELLE GLADE, FL 33430	SELF-CARE:	INTERMEDIARY: 00090	RENAL NETWORK: 19
PROVIDER NO: 102571	TRAINING:	CROSS-REFER NO:	PHONE:(305)996-0168
BOCA RATON ARTIFICIAL KIDNEY CTR	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090176	HCFA REGION: 04
998 NW 9TH CT	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 012
BOCA RATON, FL 33432	SELF-CARE:	INTERMEDIARY: 00090	RENAL NETWORK: 19
PROVIDER NO: 102520	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(305)342-3940
WEST BOCA DIALYSIS CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 051485	HCFA REGION: 04
19801 HAMPTON DR	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 010
BOCA RATON, FL 33434	SELF-CARE:	INTERMEDIARY: 00090	RENAL NETWORK: 19
PROVIDER NO: 102575	TRAINING: CAPD CCPD	CROSS-REFER NO:	PHONE:(305)488-0202
BRADENTON ARTIFICIAL KIDNEY CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 010780	HCFA REGION: 04
5902 POINTE WEST BLVD	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 015
BRADENTON, FL 33529	SELF-CARE:	INTERMEDIARY: 00090	RENAL NETWORK: 19
PROVIDER NO: 102538	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(813)746-5662
BROOKSVILLE ARTIFICIAL KIDNEY CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 020283	HCFA REGION: 04
617 LAMAR AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 012
BROOKSVILLE, FL 33512	SELF-CARE:	INTERMEDIARY: 00090	RENAL NETWORK: 19
PROVIDER NO: 102556	TRAINING: CAPD	CROSS-REFER NO:	PHONE:(904)796-7266
CAPE CORAL DIALYSIS CENTER, INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 102385	HCFA REGION: 04
1510 HANCOCK BRIDGE PARKWAY	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 009
CAPE CORAL, FL 33904	SELF-CARE:	INTERMEDIARY: 00090	RENAL NETWORK: 19
PROVIDER NO: 102577	TRAINING:	CROSS-REFER NO:	PHONE:(813)772-5600
COMMUNITY DIALYSIS SVCS OF CLEARWATER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 063078	HCFA REGION: 04
1290 SOUTH MISSOURI AVENUE	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 024
CLEARWATER, FL 33516	SELF-CARE:	INTERMEDIARY: 00090	RENAL NETWORK: 19
PROVIDER NO: 10252B	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(813)461-5477
CLEARWATER ARTIFICAL KIDNEY CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 062580	HCFA REGION: 04
2565 ENTERPRISE RD	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 012
CLEARWATER, FL 33515	SELF-CARE:	INTERMEDIARY: 00090	RENAL NETWORK: 19
PROVIDER NO: 102542	TRAINING:	CROSS-REFER NO:	PHONE:(813)251-B067
BMA OF CORAL GABLES	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 010485	HCFA REGION: 04
200 SAN LORENZO	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 010
CORAL GABLES, FL 33146	SELF-CARE:	INTERMEDIARY: 00090	RENAL NETWORK: 19
PROVIDER NO: 102572	TRAINING:	CROSS-REFER NO:	PHONE:(305)445-0230
NW BROWARD ARTIFICAL KIDNEY CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 111480	HCFA REGION: 04
8229 W ATLANTIC BLVD	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 017
CORAL SPRINGS, FL 33065	SELF-CARE:	INTERMEDIARY: 00090	RENAL NETWORK: 19
PROVIDER NO: 102544	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(305)752-0770
COMMUNITY DIALYSIS SERVICE-DAYTONA	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090176	HCFA REGION: 04
575 N CLYDE MORRIS BLVD SUITE B	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 023
DAYTONA BEACH, FL 32014	SELF-CARE: PERI	INTERMEDIARY: 00090	RENAL NETWORK: 19
PROVIDER NO: 102521	TRAINING: PERI CAPD	CROSS-REFER NO:	PHONE:(904)258-7311

STATE=FLORIDA CONTINUED

COMMUNITY DAILYSIS SVCS OF DELAND 145 EAST RICH AVE, SUITE 8 DELAND, FL 32724 PROVIDER NO: 102573	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 021585 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 007 RENAL NETWORK: 19 PHONE:(904)738-2570
DELRAY ARTIFICIAL KIDNEY CTR 5210 LINTON 8LVD SUITE 105 DELRAY 8EACH, FL 33445 PROVIDER NO: 102567	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 091983 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 010 RENAL NETWORK: 19 PHONE:(305)495-0850
UNITED DIALYSIS OF NEW PORT RICHEY 2407 SOUTH 8LVD-P.O. 80X 1309 ELFERS, FL 34259 PROVIDER NO: 102529	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 091678 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 008 RENAL NETWORK: 19 PHONE:(813)848-1274
BROWARD NEPHROLOGY ASSOCIATES 1301 S ANDREWS AVE FORT LAUDERDALE, FL 33315 PROVIDER NO: 102555	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO CAPD	DATE APPROVED: 090182 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 020 RENAL NETWORK: 19 PHONE:(305)463-3131
NORTH 8ROWARD NEPHROLOGIST ASSOCIATES 1815 E COMMERCIAL 8LVD #306 FORT LAUDERDALE, FL 33308 PROVIDER NO: 102560	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 030183 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 014 RENAL NETWORK: 19 PHONE:(305)491-8023
FT MYERS COMMUNITY HOSP DIALYSIS UNIT 3785 EVANS AVE FORT MYERS, FL 33901 PROVIDER NO: 100220	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: PERI CAPD CCPD	DATE APPROVED: 121878 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:102321	HCFA REGION: 04 TOTAL STATIONS: 007 RENAL NETWORK: 19 PHONE:(813)939-1147
FLORIDA MEDICAL CTR HOSP-ESRD 5000 W. OAKLAND PARK BLVD. FT LAUDERDALE LAKE, FL 33313 PROVIDER NO: 100210	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 032284 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:102318	HCFA REGION: 04 TOTAL STATIONS: 003 RENAL NETWORK: 19 PHONE:(305)735-6000
SOUTH FLORIDA ARTIFICIAL KIDNEY CTR 2275 SPANISH COURT FT MYERS, FL 33901 PROVIDER NO: 102513	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090176 OWNERSHIP: NONPROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 022 RENAL NETWORK: 19 PHONE:(813)939-0213
COMMUNITY DIALYSIS SVCS OF FT PIERCE 805 VIRGINIA AVE, S-1 FT PIERCE, FL 33450 PROVIDER NO: 102574	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 051085 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 013 RENAL NETWORK: 19 PHONE:(404)634-0737
SHANDS TEACHING HOSP & CLINICS JHMHC 80X J-223 GAINESVILLE, FL 32610 PROVIDER NO: 100113	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 090176 OWNERSHIP: NONPROFIT INTERMEDIARY: 00090 CROSS-REFER NO:102312	HCFA REGION: 04 TOTAL STATIONS: 014 RENAL NETWORK: 19 PHONE:(904)392-2866
8MA OF GAINESVILLE 6685 NW 9TH 8LVD GAINESVILLE, FL 32605 PROVIDER NO: 102512	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO TRAINING: CAPD	DATE APPROVED: 090176 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 021 RENAL NETWORK: 19 PHONE:(904)377-2421

STATE=FLORIDA CONTINUED

HIALEAH HOSP DIALYSIS UNIT 651 EAST 25TH ST HIALEAH, FL 33013 PROVIDER NO: 100053	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 090176 OWNERSHIP: NONPROFIT INTERMEDIARY: 00090 CROSS-REFER NO:102308	HCFA REGION: 04 TOTAL STATIONS: 015 RENAL NETWORK: 19 PHONE:(305)693-6100
PALMETTO MIAMI/LAKES DIALYSIS CTR 7100 W 20TH AVE,SUITE G-1 HIALEAH, FL 33010 PROVIDER NO: 102530	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 060178 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 022 RENAL NETWORK: 19 PHONE:(305)823-5000
MEMORIAL HOSP DIALYSIS UNIT 3501 JOHNSON ST HOLLYWOOD, FL 33021 PROVIDER NO: 100038	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 090176 OWNERSHIP: NONPROFIT INTERMEDIARY: 00090 CROSS-REFER NO:102306	HCFA REGION: 04 TOTAL STATIONS: 004 RENAL NETWORK: 19 PHONE:(305)987-2000
SOUTH BROWARD AKC 3700 WASHINGTON ST SUITE 102 HOLLYWOOD, FL 33021 PROVIDER NO: 102504	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPD	DATE APPROVED: 090176 OWNERSHIP: NONPROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 030 RENAL NETWORK: 19 PHONE:(305)962-2211
BMA OF HOLLYWOOD 2655 HOLLYWOOD BLVD HOLLYWOOD, FL 33020 PROVIDER NO: 102508	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO	DATE APPROVED: 090176 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 020 RENAL NETWORK: 19 PHONE:(305)925-1211
HOMESTEAD ARTIFICIAL KIDNEY CTR 125 NE 8TH ST #6&7 HOMESTEAD, FL 33030 PROVIDER NO: 102565	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 080883 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 012 RENAL NETWORK: 19 PHONE:(305)245-0241
BAYONET POINT/HUDSON KIDNEY CTR 14134 NEOPHRON LANE HUDSON, FL 33567 PROVIDER NO: 102563	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 122382 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 010 RENAL NETWORK: 19 PHONE:(813)863-5457
UNIV MEDICAL CENTER DIALYSIS UNIT 655 WEST EIGHTH STREET JACKSONVILLE, FL 32209 PROVIDER NO: 100001	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: 090176 OWNERSHIP: NONPROFIT INTERMEDIARY: 00090 CROSS-REFER NO:102300	HCFA REGION: 04 TOTAL STATIONS: 043 RENAL NETWORK: 19 PHONE:(904)358-3272
RIVERSIDE HOSP DIALYSIS UNIT 2033 RIVERSIDE AVENUE JACKSONVILLE, FL 32204 PROVIDER NO: 100083	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: PERI CAPD CCPD	DATE APPROVED: 051181 OWNERSHIP: NONPROFIT INTERMEDIARY: 00090 CROSS-REFER NO:102326	HCFA REGION: 04 TOTAL STATIONS: 004 RENAL NETWORK: 19 PHONE:(904)387-7000
DIALYSIS CLINIC INC 735 RIVERSIDE AVE JACKSONVILLE, FL 32204 PROVIDER NO: 102531	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 121378 OWNERSHIP: NONPROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 030 RENAL NETWORK: 19 PHONE:(904)355-6602
BAPTIST MEDICAL CENTER DIALYSIS UNIT 800 PRUDENTIAL DR JACKSONVILLE, FL 32207 PROVIDER NO: 100088	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 033186 OWNERSHIP: NONPROFIT INTERMEDIARY: 00090 CROSS-REFER NO:102330	HCFA REGION: 04 TOTAL STATIONS: 003 RENAL NETWORK: 19 PHONE:(904)393-2846

STATE=FLORIDA CONTINUED

KEY WEST KIDNEY CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 071480	HCFA REGION: 04
520 SOUTHARD ST	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 004
KEY WEST, FL 33040	SELF-CARE:	INTERMEDIARY: 00090	RENAL NETWORK: 19
PROVIDER NO: 102543	TRAINING:	CROSS-REFER NO:	PHONE:(305)294-8454
OSCEOLA ARTIFICIAL KIDNEY CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 022984	HCFA REGION: 04
201 HILDA ST SUITE 23	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 007
KISSIMMEE, FL 32741	SELF-CARE:	INTERMEDIARY: 00090	RENAL NETWORK: 19
PROVIDER NO: 102569	TRAINING: CAPD	CROSS-REFER NO:	PHONE:(305)933-2210
BIO MEDICAL APPLICATIONS OF LAKE CITY	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 060181	HCFA REGION: 04
559 E FRANKLIN ST-BOX 2559	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 010
LAKE CITY, FL 32055	SELF-CARE:	INTERMEDIARY: 00090	RENAL NETWORK: 19
PROVIDER NO: 102548	TRAINING: CAPD	CROSS-REFER NO:	PHONE:(904)377-2421
COMMUNITY DIALYSIS SVCS OF LAKELAND	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090176	HCFA REGION: 04
2445 N 98 HGWY,NORTHSIDE PLAZA	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 016
LAKELAND, FL 33805	SELF-CARE:	INTERMEDIARY: 00090	RENAL NETWORK: 19
PROVIDER NO: 102524	TRAINING: HEMO PERI CAPD CCPD	CROSS-REFER NO:	PHONE:(813)688-5463
WATSON CLINIC KIDNEY CTR	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 082785	HCFA REGION: 04
1550 LAKELAND HILLS BLVD	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 013
LAKELAND, FL 33805	SELF-CARE:	INTERMEDIARY: 00090	RENAL NETWORK: 19
PROVIDER NO: 102576	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(813)687-4000
S PALM BEACH DIALYSIS CTR	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 032480	HCFA REGION: 04
1177 HYPOLUXO RD	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 017
LANTANA, FL 33462	SELF-CARE:	INTERMEDIARY: 00090	RENAL NETWORK: 19
PROVIDER NO: 102539	TRAINING: PERI CAPD CCPD	CROSS-REFER NO:	PHONE:(305)586-8271
FLORIDA KIDNEY CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 040183	HCFA REGION: 04
4850 WEST OAKLAND PARK BLVD	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 024
LAUDERDALE LAKES, FL 33313	SELF-CARE:	INTERMEDIARY: 00090	RENAL NETWORK: 19
PROVIDER NO: 102559	TRAINING: HEMO PERI CAPD CCPD	CROSS-REFER NO:	PHONE:(305)735-6000
MID-FLORIDA DIALYSIS INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 092481	HCFA REGION: 04
801 E DIXIE AVE #A-108	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 012
LEESBURG, FL 32748	SELF-CARE:	INTERMEDIARY: 00090	RENAL NETWORK: 19
PROVIDER NO: 102551	TRAINING: CAPD	CROSS-REFER NO:	PHONE:(904)728-1153
MELBOURNE KIDNEY CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090176	HCFA REGION: 04
1400 SOUTH APOLLO BLVD	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 025
MELBOURNE, FL 32901	SELF-CARE: HEMO	INTERMEDIARY: 00090	RENAL NETWORK: 19
PROVIDER NO: 102517	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(305)724-0461
BREVARD KIDNEY HYPERTENSION CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 020482	HCFA REGION: 04
375 S COURTENAY PARKWAYUNIT 7	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 015
MERRITT ISLAND, FL 32952	SELF-CARE:	INTERMEDIARY: 00090	RENAL NETWORK: 19
PROVIDER NO: 102553	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(305)636-4881
JACKSON MEMORIAL HOSP-DIALYSIS UNIT	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 090176	HCFA REGION: 04
1611 NW 12TH AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 017
MIAMI, FL 33136	SELF-CARE:	INTERMEDIARY: 00090	RENAL NETWORK: 19
PROVIDER NO: 100022	TRAINING: CAPD	CROSS-REFER NO:102304	PHONE:(612)395-0325

MOUNT SINAI MED CTR DIALYSIS UNIT 4300 ALTON RD MIAMI, FL 33140 PROVIDER NO: 100034	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090176 OWNERSHIP: NONPROFIT INTERMEDIARY: 00090 CROSS-REFER NO:102305	HCFA REGION: 04 TOTAL STATIONS: 006 RENAL NETWORK: 19 PHONE:(305)674-2121
MERCY HOSP DIALYSIS UNIT 3663 S MIAMI AVE MIAMI, FL 33133 PROVIDER NO: 100061	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090176 OWNERSHIP: NONPROFIT INTERMEDIARY: 00090 CROSS-REFER NO:102310	HCFA REGION: 04 TOTAL STATIONS: 010 RENAL NETWORK: 19 PHONE:(305)854-4400
PARKWAY GENERAL HOSP- 160 NW 170TH ST MIAMI, FL 33169 PROVIDER NO: 100114	FACILITY TYPE: INPATIENT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 090176 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:102313	HCFA REGION: 04 TOTAL STATIONS: 000 RENAL NETWORK: 19 PHONE:(305)651-1100
AMI KENDALL REGIONAL MEDICAL CTR 11750 BIRD ROAD MIAMI, FL 33165 PROVIDER NO: 100209	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090176 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:102317	HCFA REGION: 04 TOTAL STATIONS: 003 RENAL NETWORK: 19 PHONE:(305)223-3000
S FL ARTIFICAL KID CENTER INC 8925 SW 148TH ST MIAMI, FL 33176 PROVIDER NO: 102502	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 090176 OWNERSHIP: NONPROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 015 RENAL NETWORK: 19 PHONE:(305)255-3100
BMA OF MIAMI INC 1601 NW 8TH AVE MIAMI, FL 33136 PROVIDER NO: 102503	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 090176 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 038 RENAL NETWORK: 19 PHONE:(305)324-1727
BMA OF DADE COUNTY INC 1190 NW 95TH ST #206 MIAMI, FL 33150 PROVIDER NO: 102507	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: PERI CAPD	DATE APPROVED: 090176 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 019 RENAL NETWORK: 19 PHONE:(305)576-1244
PERDUE MEDICAL CENTER-ESRD 19590 OLD CUTLER RD MIAMI, FL 33157 PROVIDER NO: 102516	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 090176 OWNERSHIP: NONPROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 009 RENAL NETWORK: 19 PHONE:(305)233-8931
AMERICAN DIALYSIS CENTER INC 11880 BIRD RD. SUITE 405 MIAMI, FL 33175 PROVIDER NO: 102522	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 090176 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 022 RENAL NETWORK: 19 PHONE:(305)223-7801
INTERAMERICAN DIALYSIS INSTITUTE 2350 SW 84TH AVE MIAMI, FL 33155 PROVIDER NO: 102532	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: PERI CAPD CCPD	DATE APPROVED: 120278 OWNERSHIP: PROFIT INTERMEDIARY: 51100 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 021 RENAL NETWORK: 19 PHONE:(305)261-4823
MIAMI DIALYSIS CENTER INC 1250 NW 7TH ST #107 MIAMI, FL 33125 PROVIDER NO: 102566	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 092183 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 015 RENAL NETWORK: 19 PHONE:(305)545-7660

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LEJEUNE DIALYSIS CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 050786	HCFA REGION: 04
4338 N.W. 7TH STREET	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 008
MIAMI, FL 33126	SELF-CARE:	INTERMEDIARY: 00090	RENAL NETWORK: 19
PROVIDER NO: 102578	TRAINING:	CROSS-REFER NO:	PHONE:(305)448-9888
ST FRANCIS HOSP DIALYSIS UNIT	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090176	HCFA REGION: 04
250 W 63 ST	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 016
MIAMI BEACH, FL 33141	SELF-CARE: HEMO PERI	INTERMEDIARY: 00090	RENAL NETWORK: 19
PROVIDER NO: 100059	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:102309	PHONE:(305)868-5000
SUNCOAST DIALYSIS INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 020179	HCFA REGION: 04
5147 CASTELLO DRIVE	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 014
NAPLES, FL 33940	SELF-CARE:	INTERMEDIARY: 00090	RENAL NETWORK: 19
PROVIDER NO: 102534	TRAINING:	CROSS-REFER NO:	PHONE:(813)263-0803
BMA-NORTH MIAMI BEACH	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090176	HCFA REGION: 04
16800 NW 2ND AVE SUITE 107	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 016
NORTH MIAMI BEACH, FL 33169	SELF-CARE:	INTERMEDIARY: 00090	RENAL NETWORK: 19
PROVIDER NO: 102509	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(305)652-0531
NORTH BEACH DIALYSIS CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 022383	HCFA REGION: 04
16401 NW 2ND AVE #100	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 017
NORTH MIAMI BEACH, FL 33169	SELF-CARE:	INTERMEDIARY: 00090	RENAL NETWORK: 19
PROVIDER NO: 102558	TRAINING: HEMO	CROSS-REFER NO:	PHONE:(305)940-9393
OCALA REGIONAL KIDNEY CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 091979	HCFA REGION: 04
2955 S.E. 3RD COURT	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 026
OCALA, FL 32674	SELF-CARE:	INTERMEDIARY: 00090	RENAL NETWORK: 19
PROVIDER NO: 102537	TRAINING: CAPD	CROSS-REFER NO:	PHONE:(904)732-3636
ORLANDO REGIONAL MEDICAL CTR INC	FACILITY TYPE: INPATIENT ONLY	DATE APPROVED: 090176	HCFA REGION: 04
1414 S KUHL AVE	STAFF-ASSISTED:	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 000
ORLANDO, FL 32806	SELF-CARE:	INTERMEDIARY: 00090	RENAL NETWORK: 19
PROVIDER NO: 100006	TRAINING:	CROSS-REFER NO:102301	PHONE:(305)841-5111
FLORIDA HOSPITAL DIALYSIS UNIT	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 090176	HCFA REGION: 04
601 E ROLLINS AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 007
ORLANDO, FL 32803	SELF-CARE:	INTERMEDIARY: 00090	RENAL NETWORK: 19
PROVIDER NO: 100007	TRAINING: CAPD	CROSS-REFER NO:102302	PHONE:(305)896-6611
CENTRAL FLORIDA KIDNEY CENTER INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090176	HCFA REGION: 04
105 BONNIE LOCH COURT	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 028
ORLANDO, FL 32806	SELF-CARE: HEMO PERI	INTERMEDIARY: 00090	RENAL NETWORK: 19
PROVIDER NO: 102505	TRAINING: HEMO PERI CAPD CCPD	CROSS-REFER NO:	PHONE:(305)843-6110
ORLANDO ARTIFICAL KIDNEY CTR	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090176	HCFA REGION: 04
3100 CLAY AVE SUITE 151	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 026
ORLANDO, FL 32804	SELF-CARE: HEMO PERI	INTERMEDIARY: 00090	RENAL NETWORK: 19
PROVIDER NO: 102511	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(305)848-4815
PALM BEACH GARDENS ARTIFICAL KID CTR	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 080178	HCFA REGION: 04
3370 BURNS RD #206	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 010
PALM BEACH GARDENS, FL 33410	SELF-CARE:	INTERMEDIARY: 00090	RENAL NETWORK: 19
PROVIDER NO: 102527	TRAINING:	CROSS-REFER NO:	PHONE:(305)622-2300

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PALMETTO ARTIFICIAL KIDNEY CTR 905 9TH AVE EAST PALMETTO, FL 33561 PROVIDER NO: 102562	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 010383 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 012 RENAL NETWORK: 19 PHONE:(813)729-4858
PANAMA CITY ARTIFICIAL KIDNEY CENTER 510 N MACARTHUR AVE (BOX 2347) PANAMA CITY, FL 32402 PROVIDER NO: 102514	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 090176 OWNERSHIP: NONPROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 026 RENAL NETWORK: 19 PHONE:(904)785-1233
BAPTIST HOSP 1000 WEST MORENO STREET PENSACOLA, FL 32501 PROVIDER NO: 100093	FACILITY TYPE: INPATIENT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 071481 OWNERSHIP: NONPROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 000 RENAL NETWORK: 19 PHONE:(904)434-4571
WEST FLORIDA HOSP 8383 N DAVIS HIGHWAY PENSACOLA, FL 32504 PROVIDER NO: 100231	FACILITY TYPE: INPATIENT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 090176 OWNERSHIP: PROFIT INTERMEDIARY: 52280 CROSS-REFER NO:102319	HCFA REGION: 04 TOTAL STATIONS: 000 RENAL NETWORK: 19 PHONE:(904)478-4460
NW FLORIDA ARTIFICIAL KIDNEY CTR 1717 NORTH "E" ST #506 PENSACOLA, FL 32501 PROVIDER NO: 102501	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: PERI CAPD CCPD	DATE APPROVED: 090176 OWNERSHIP: NONPROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 018 RENAL NETWORK: 19 PHONE:(904)433-5451
MEDICAL CTR CLINIC DIALYSIS CTR 8333 N DAVIS HWY PENSACOLA, FL 32514 PROVIDER NO: 102518	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 090176 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 010 RENAL NETWORK: 19 PHONE:(904)478-4121
COMMUNITY DIALYSIS SER OF PLANT CITY 121 PROSSER DRIVE PLANT CITY, FL 33566 PROVIDER NO: 102554	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 040282 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 014 RENAL NETWORK: 19 PHONE:(813)752-2136
BROWARD CHRONIC HEMODIALYSIS INC 4101 NW 4TH ST,SUITE 207 PLANTATION, FL 33317 PROVIDER NO: 102536	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 011080 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 025 RENAL NETWORK: 19 PHONE:(305)583-2100
POMPANO ARTIFICIAL KIDNEY CENTER 3800 NE 3RD AVE POMPANO BEACH, FL 33064 PROVIDER NO: 102568	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 030884 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 013 RENAL NETWORK: 19 PHONE:(305)771-9540
NE BROWARD ARTIFICIAL KIDNEY CTR 3664 NE 18TH TERRACE POMPANO BEACH, FL 33064 PROVIDER NO: 102570	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 032384 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 012 RENAL NETWORK: 19 PHONE:(305)739-2511
PORT CHARLOTTE ARTIFICIAL KIDNEY CTR 2573 HARBOR BLVD, SUITE 101 PORT CHARLOTTE, FL 33952 PROVIDER NO: 102549	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 080381 OWNERSHIP: PROFIT INTERMEDIARY: 00090 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 012 RENAL NETWORK: 19 PHONE:(813)625-2822

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BMA OF SANFORD INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 121580	HCFA REGION: 04
210 E COMMERICAL ST	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 016
SANFORD, FL 32771	SELF-CARE:	INTERMEDIARY: 00090	RENAL NETWORK: 19
PROVIDER NO: 102546	TRAINING: CAPD	CROSS-REFER NO:	PHONE:(305)323-3706
SARASOTA MEMORIAL HOSP CAPD UNIT	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 030681	HCFA REGION: 04
1901 ARLINGTON ST	STAFF-ASSISTED:	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 001
SARASOTA, FL 33579	SELF-CARE:	INTERMEDIARY: 00090	RENAL NETWORK: 19
PROVIDER NO: 100087	TRAINING: PERI CAPD	CROSS-REFER NO:102325	PHONE:(813)953-1268
SARASOTA ARTIFICIAL KIDNEY CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090176	HCFA REGION: 04
1428 S TAMIAMI TRAIL	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 020
SARASOTA, FL 33579	SELF-CARE:	INTERMEDIARY: 00090	RENAL NETWORK: 19
PROVIDER NO: 102515	TRAINING:	CROSS-REFER NO:	PHONE:(813)366-2122
HIGHLANDS ARTIFICIAL KIDNEY CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 060183	HCFA REGION: 04
10 MEDICAL CENTER	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 012
SEBRING, FL 33870	SELF-CARE:	INTERMEDIARY: 00090	RENAL NETWORK: 19
PROVIDER NO: 102564	TRAINING:	CROSS-REFER NO:	PHONE:(813)385-7351
ST AUGUSTINE DIALYSIS CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 122082	HCFA REGION: 04
11 TREMERTON ST #2	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 008
ST AUGUSTINE, FL 32084	SELF-CARE:	INTERMEDIARY: 00090	RENAL NETWORK: 19
PROVIDER NO: 102557	TRAINING:	CROSS-REFER NO:	PHONE:(904)824-6191
BIO MED APPLICATIONS OF ST PETERSBURG	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090176	HCFA REGION: 04
8601 4TH ST NORTH,SUITE 110	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 020
ST PETERSBURG, FL 33702	SELF-CARE:	INTERMEDIARY: 00090	RENAL NETWORK: 19
PROVIDER NO: 102519	TRAINING:	CROSS-REFER NO:	PHONE:(813)251-8067
SOUTH ST PETERSBURG ART KID CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 100180	HCFA REGION: 04
3251 3RD AVE NORTH #125	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 017
ST PETERSBURG, FL 33713	SELF-CARE:	INTERMEDIARY: 00090	RENAL NETWORK: 19
PROVIDER NO: 102547	TRAINING: PERI CAPD CCPD	CROSS-REFER NO:	PHONE:(813)822-2385
ALL CHILDREN'S HOSPITAL(ESRD)	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 100183	HCFA REGION: 04
801 SIXTH ST SOUTH, BOX 786	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 004
ST PETERSBURG, FL 33701	SELF-CARE:	INTERMEDIARY: 00090	RENAL NETWORK: 19
PROVIDER NO: 103300	TRAINING: PERI CAPD	CROSS-REFER NO:102328	PHONE:(813)898-7451
INDIAN RIVER ARTIFICAL KIDNEY CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090176	HCFA REGION: 04
1851 S KANNER HWY	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 014
STUART, FL 33494	SELF-CARE:	INTERMEDIARY: 00090	RENAL NETWORK: 19
PROVIDER NO: 102525	TRAINING: HEMO PERI CAPD CCPD	CROSS-REFER NO:	PHONE:(305)286-2470
TALLAHASSEE MEMORIAL REG MEDICAL CTR	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090176	HCFA REGION: 04
1221 HODGES DRIVE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 037
TALLAHASSEE, FL 32308	SELF-CARE:	INTERMEDIARY: 00090	RENAL NETWORK: 19
PROVIDER NO: 100135	TRAINING: HEMO PERI CAPD CCPD	CROSS-REFER NO:102315	PHONE:(904)681-5403
TAMPA GENERAL HOSP DIALYSIS UNIT	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 090176	HCFA REGION: 04
DAVIS ISLAND	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 026
TAMPA, FL 33606	SELF-CARE:	INTERMEDIARY: 00090	RENAL NETWORK: 19
PROVIDER NO: 100128	TRAINING: CAPD	CROSS-REFER NO:102314	PHONE:(813)974-4214

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BIO MEDICAL APPLICATIONS OF TAMPA	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090176	HCFA REGION: 04
402 SOUTH BOULEVARD	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 025
TAMPA, FL 33606	SELF-CARE:	INTERMEDIARY: 00090	RENAL NETWORK: 19
PROVIDER NO: 102506	TRAINING:	CROSS-REFER NO:	PHONE:(813)251-8067
COMMUNITY DIALYSIS SVCS OF TAMPA	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090176	HCFA REGION: 04
13801 N 30TH ST,SUITE 202	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 020
TAMPA, FL 33612	SELF-CARE:	INTERMEDIARY: 00090	RENAL NETWORK: 19
PROVIDER NO: 102523	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:	PHONE:(813)977-1773
BMA OF TARPON SPRINGS INC.	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 110481	HCFA REGION: 04
516 SOUTH HUEY AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 006
TARPON SPRINGS, FL 33589	SELF-CARE:	INTERMEDIARY: 00090	RENAL NETWORK: 19
PROVIDER NO: 102552	TRAINING:	CROSS-REFER NO:	PHONE:(813)937-5123
COMMUNITY DIALYSIS SVCS OF VENICE	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 022879	HCFA REGION: 04
530 S NOKOMIS AVE SUITE 200	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 013
VENICE, FL 33595	SELF-CARE:	INTERMEDIARY: 00090	RENAL NETWORK: 19
PROVIDER NO: 102535	TRAINING: HEMO	CROSS-REFER NO:	PHONE:(813)484-3781
VERO BEACH ARTIFICIAL KIDNEY CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 072781	HCFA REGION: 04
1849 25TH ST	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 006
VERO BEACH, FL 32960	SELF-CARE:	INTERMEDIARY: 00090	RENAL NETWORK: 19
PROVIDER NO: 102550	TRAINING: CAPD	CROSS-REFER NO:	PHONE:(305)567-4201
ST MARYS HOSP DIALYSIS UNIT	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090176	HCFA REGION: 04
901 45TH STREET	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 015
WEST PALM BEACH, FL 33407	SELF-CARE:	INTERMEDIARY: 00090	RENAL NETWORK: 19
PROVIDER NO: 100010	TRAINING: HEMO	CROSS-REFER NO:102303	PHONE:(305)844-6300
DIALYSIS ASSOCIATES OF PALM BEACHES	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090176	HCFA REGION: 04
323 EUCALYPTUS ST	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 015
WEST PALM BEACH, FL 33401	SELF-CARE:	INTERMEDIARY: 00090	RENAL NETWORK: 19
PROVIDER NO: 102510	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(305)832-8531
CDS-WINTER HAVEN	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 012881	HCFA REGION: 04
1624 6TH ST NW	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 020
WINTER HAVEN, FL 33881	SELF-CARE:	INTERMEDIARY: 00090	RENAL NETWORK: 19
PROVIDER NO: 102545	TRAINING: CAPD	CROSS-REFER NO:	PHONE:(813)294-8851

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DIALYSIS CLINIC INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090176	HCFA REGION: 04
1200 N JEFFERSON ST	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 025
ALBANY, GA 31701	SELF-CARE:	INTERMEDIARY: 00101	RENAL NETWORK: 20
PROVIDER NO: 112509	TRAINING: HEMO PERI CAPD CCPD	CROSS-REFER NO:	PHONE:(912)888-3996
AMERICUS DIALYSIS FACILITY	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 022483	HCFA REGION: 04
1516 N LEE ST	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 015
AMERICUS, GA 31709	SELF-CARE: HEMO PERI	INTERMEDIARY: 00101	RENAL NETWORK: 20
PROVIDER NO: 112528	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:	PHONE:(912)928-2257
ATHENS DIALYSIS FACILITY INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 071877	HCFA REGION: 04
2047 PRINCE AVE # A	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 035
ATHENS, GA 30610	SELF-CARE: HEMO	INTERMEDIARY: 00101	RENAL NETWORK: 20
PROVIDER NO: 112513	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(404)546-0083
EMORY UNIVERSITY HOSP-	FACILITY TYPE: TRANSPLANT ONLY	DATE APPROVED: 050184	HCFA REGION: 04
1364 CLIFTON RD NE	STAFF-ASSISTED:	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 000
ATLANTA, GA 30322	SELF-CARE:	INTERMEDIARY: 00100	RENAL NETWORK: 20
PROVIDER NO: 110010	TRAINING:	CROSS-REFER NO:112300	PHONE:(404)329-7221
ATLANTA REGIONAL NEPHROLOGY CTR	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 090176	HCFA REGION: 04
80 BUTLER ST SE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 014
ATLANTA, GA 30303	SELF-CARE:	INTERMEDIARY: 00101	RENAL NETWORK: 20
PROVIDER NO: 110079	TRAINING: CAPD	CROSS-REFER NO:112307	PHONE:(404)588-4700
PIEDMONT HOSP	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 061586	HCFA REGION: 04
105 COLLIER RD	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 013
ATLANTA, GA 30309	SELF-CARE:	INTERMEDIARY: 00101	RENAL NETWORK: 20
PROVIDER NO: 110083	TRAINING: HEMO PERI CAPD CCPD	CROSS-REFER NO:112308	PHONE:(404)355-7611
HENRIETTA EGLESTON HOSP FOR CHILDREN	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 010584	HCFA REGION: 04
1405 CLIFTON RD NE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 003
ATLANTA, GA 30322	SELF-CARE:	INTERMEDIARY: 00101	RENAL NETWORK: 20
PROVIDER NO: 110196	TRAINING: PERI CAPD CCPD	CROSS-REFER NO:112313	PHONE:(404)325-6000
NORTHSIDE DIALYSIS CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090176	HCFA REGION: 04
993 JOHNSON FERRY RD BLDG D#130	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 018
ATLANTA, GA 30342	SELF-CARE:	INTERMEDIARY: 00101	RENAL NETWORK: 20
PROVIDER NO: 112502	TRAINING: HEMO PERI CAPD CCPD	CROSS-REFER NO:	PHONE:(404)256-3118
DIALYSIS CLINIC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090176	HCFA REGION: 04
120 PIEDMONT AVE.	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 040
ATLANTA, GA 30303	SELF-CARE:	INTERMEDIARY: 00101	RENAL NETWORK: 20
PROVIDER NO: 112503	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:	PHONE:(404)588-3756
BIO-MEDICAL APPLICATIONS OF ATLANTA	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090176	HCFA REGION: 04
1595 PHOENIX BLVD #1	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 018
ATLANTA, GA 30349	SELF-CARE: HEMO PERI	INTERMEDIARY: 00101	RENAL NETWORK: 20
PROVIDER NO: 112504	TRAINING: HEMO CAPD CCPD	CROSS-REFER NO:	PHONE:(404)996-5889
DIALYSIS CLINIC INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 060677	HCFA REGION: 04
828 WEST PEACHTREE ST NE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 020
ATLANTA, GA 30308	SELF-CARE:	INTERMEDIARY: 00101	RENAL NETWORK: 20
PROVIDER NO: 112512	TRAINING:	CROSS-REFER NO:	PHONE:(404)588-4364

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DIALYSIS CLINIC INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 070681	HCFA REGION: 04
820 W PEACHTREE NW	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 020
ATLANTA, GA 30308	SELF-CARE:	INTERMEDIARY: 00101	RENAL NETWORK: 20
PROVIDER NO: 112522	TRAINING: HEMO PERI CAPD CCPD	CROSS-REFER NO:	PHONE:(404)588-3349
SW ATLANTA DIALYSIS CTR INC.	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 062481	HCFA REGION: 04
3620 MARTIN L KING DR SW	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 018
ATLANTA, GA 30331	SELF-CARE:	INTERMEDIARY: 00101	RENAL NETWORK: 20
PROVIDER NO: 112523	TRAINING: CAPD	CROSS-REFER NO:	PHONE:(404)696-7300
MED COLLEGE OF GA HOSP & CLINICS	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 090176	HCFA REGION: 04
1120 15TH ST	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 014
AUGUSTA, GA 30912	SELF-CARE: HEMO PERI	INTERMEDIARY: 00101	RENAL NETWORK: 20
PROVIDER NO: 110034	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:112303	PHONE:(404)828-2861
AUGUSTA DIALYSIS CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090176	HCFA REGION: 04
1109 MEDICAL CTR DR #6A	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 024
AUGUSTA, GA 30909	SELF-CARE: HEMO	INTERMEDIARY: 00101	RENAL NETWORK: 20
PROVIDER NO: 112501	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(404)863-7454
WILLETTE WALLACE DIALYSIS CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 021881	HCFA REGION: 04
1402 WALTON WAY	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 023
AUGUSTA, GA 30901	SELF-CARE: HEMO	INTERMEDIARY: 00101	RENAL NETWORK: 20
PROVIDER NO: 112521	TRAINING:	CROSS-REFER NO:	PHONE:(404)722-4854
DECATUR COUNTY DIALYSIS FACILITY	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 101085	HCFA REGION: 04
700 GORDON AVE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 010
BAINBRIDGE, GA 31717	SELF-CARE:	INTERMEDIARY: 00101	RENAL NETWORK: 20
PROVIDER NO: 112537	TRAINING:	CROSS-REFER NO:	PHONE:(912)243-0280
GLYNN BRUNSWICK DIALYSIS FACILITY	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 071477	HCFA REGION: 04
3303 HOPKINS AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 011
BRUNWICK, GA 31520	SELF-CARE: HEMO PERI	INTERMEDIARY: 00101	RENAL NETWORK: 20
PROVIDER NO: 112514	TRAINING: HEMO PERI CAPD CCPD	CROSS-REFER NO:	PHONE:(912)264-8657
SOUTHERN DIALYSIS CEN OF CARROLLTON	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 010581	HCFA REGION: 04
215 ALABAMA STREET	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 008
CARROLLTON, GA 30117	SELF-CARE:	INTERMEDIARY: 00101	RENAL NETWORK: 20
PROVIDER NO: 112520	TRAINING: HEMO PERI CAPD CCPD	CROSS-REFER NO:	PHONE:(404)832-1322
THE MEDICAL CTR	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090176	HCFA REGION: 04
710 CENTER ST	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 026
COLUMBUS, GA 31902	SELF-CARE:	INTERMEDIARY: 00101	RENAL NETWORK: 20
PROVIDER NO: 110064	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:112305	PHONE:(404)324-4711
DIALYSIS CLINIC INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 081783	HCFA REGION: 04
710 FRONT AVE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 025
COLUMBUS, GA 31904	SELF-CARE:	INTERMEDIARY: 00101	RENAL NETWORK: 20
PROVIDER NO: 112530	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:	PHONE:(404)323-2415
PHENIX CITY NEPHROLOGY CTR	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 092385	HCFA REGION: 04
500 18TH ST-DRS. MED PK # A-50	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 010
COLUMBUS, GA 31901	SELF-CARE:	INTERMEDIARY: 00010	RENAL NETWORK: 20
PROVIDER NO: 012523	TRAINING: CAPD	CROSS-REFER NO:	PHONE:(205)298-1941

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ATLANTA NEPHROLOGY REFERRAL CTR	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 053184	HCFA REGION: 04
4136 NEWTON DR NE	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 008
COVINGTON, GA 30209	SELF-CARE:	INTERMEDIARY: 00101	RENAL NETWORK: 20
PROVIDER NO: 112533	TRAINING:	CROSS-REFER NO:	PHONE:(404)787-6720
DALTON DIALYSIS CLINIC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 011182	HCFA REGION: 04
1401 BURLEYSON DRIVE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 010
DALTON, GA 30720	SELF-CARE:	INTERMEDIARY: 00101	RENAL NETWORK: 20
PROVIDER NO: 112524	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(404)278-1070
ATLANTA NEPHROLOGY REFERRAL CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090177	HCFA REGION: 04
497 WINN WAY SUITE 210	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 019
DECATUR, GA 30030	SELF-CARE:	INTERMEDIARY: 00101	RENAL NETWORK: 20
PROVIDER NO: 112511	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:	PHONE:(404)294-7033
KIDNEY DIALYSIS FAC OF DOUGLAS	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 021385	HCFA REGION: 04
101 BOWEN MILL RD	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 006
DOUGLAS COFFEE, GA 31533	SELF-CARE: HEMO PERI	INTERMEDIARY: 00101	RENAL NETWORK: 20
PROVIDER NO: 112535	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:	PHONE:(912)384-3439
DOUGLAS DIALYSIS FACILITY INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 100482	HCFA REGION: 04
6126 PRESSLEY MILL RD	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 006
DOUGLASVILLE, GA 30134	SELF-CARE:	INTERMEDIARY: 00101	RENAL NETWORK: 20
PROVIDER NO: 112526	TRAINING: CAPD	CROSS-REFER NO:	PHONE:(404)424-3391
BIO-MEDICAL APPLICATIONS OF EASTMAN	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 101980	HCFA REGION: 04
GRIFFIN ST	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 010
EASTMAN, GA 31023	SELF-CARE:	INTERMEDIARY: 00101	RENAL NETWORK: 20
PROVIDER NO: 112519	TRAINING: CAPD	CROSS-REFER NO:	PHONE:(912)374-4777
NORTHEAST GEORGIA MEDICAL CENTER	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 090176	HCFA REGION: 04
743 SPRING ST,N.E.	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 008
GAINESVILLE, GA 30501	SELF-CARE: PERI	INTERMEDIARY: 00101	RENAL NETWORK: 20
PROVIDER NO: 110029	TRAINING: PERI CAPD	CROSS-REFER NO:112302	PHONE:(404)536-6611
GRIFFIN DIALYSIS FACILITY INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 031783	HCFA REGION: 04
533 W TAYLOR ST	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 009
GRIFFIN, GA 30223	SELF-CARE:	INTERMEDIARY: 00101	RENAL NETWORK: 20
PROVIDER NO: 112529	TRAINING:	CROSS-REFER NO:	PHONE:(404)227-1717
COMMUNITY DIALYSIS SERVICES	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 050884	HCFA REGION: 04
1303 S FIRST ST	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 012
JESUP, GA 31545	SELF-CARE: HEMO PERI	INTERMEDIARY: 00101	RENAL NETWORK: 20
PROVIDER NO: 112532	TRAINING: PERI CAPD CCPD	CROSS-REFER NO:	PHONE:(912)427-8946
CLAYTON DIALYSIS CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 040979	HCFA REGION: 04
118 STOCKBRIDGE RD	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 018
JONESBORO, GA 30236	SELF-CARE:	INTERMEDIARY: 00101	RENAL NETWORK: 20
PROVIDER NO: 112517	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(404)471-2381
WEST GEORGIA MEDICAL CENTER INC	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 091079	HCFA REGION: 04
1514 VERNON RD BOX 1567	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 017
LA GRANGE, GA 30240	SELF-CARE:	INTERMEDIARY: 00101	RENAL NETWORK: 20
PROVIDER NO: 110016	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:112311	PHONE:(404)882-1411

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NORTHSIDE DIALYSIS OF GWINNETT CO 601 A PROFESSIONAL DR LAWRENCEVILLE, GA 30245 PROVIDER NO: 112539	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 021386 OWNERSHIP: PROFIT INTERMEDIARY: 00101 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 006 RENAL NETWORK: 20 PHONE:(404)962-6053
CENTRAL GA DIALYSIS CENTER INC 770 PINE ST, SUITE 200 MACON, GA 31201 PROVIDER NO: 112506	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 090176 OWNERSHIP: PROFIT INTERMEDIARY: 00101 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 041 RENAL NETWORK: 20 PHONE:(912)743-0581
MACON DIALYSIS FACILITY INC. #1 BACONSFIELD,SUITE 206 MACON, GA 31211 PROVIDER NO: 112516	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 110278 OWNERSHIP: PROFIT INTERMEDIARY: 00101 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 032 RENAL NETWORK: 20 PHONE:(912)743-9506
COBB DIALYSIS FACILITY 833 CAMPBELL HILL ST #340 MARIETTA, GA 30060 PROVIDER NO: 112510	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 090176 OWNERSHIP: PROFIT INTERMEDIARY: 00101 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 019 RENAL NETWORK: 20 PHONE:(404)424-8391
CANDLER CO HOSP CEDAR RD P.O. BOX 597 METTER, GA 30439 PROVIDER NO: 110096	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090176 OWNERSHIP: NONPROFIT INTERMEDIARY: 00101 CROSS-REFER NO:112309	HCFA REGION: 04 TOTAL STATIONS: 013 RENAL NETWORK: 20 PHONE:(912)685-5741
COLQUITT REGIONAL MED CTR-DIALYSIS 3131 THOMASVILLE HGWY(BOX 40) MOULTRIE, GA 31768 PROVIDER NO: 110105	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 030686 OWNERSHIP: NONPROFIT INTERMEDIARY: 00101 CROSS-REFER NO:112314	HCFA REGION: 04 TOTAL STATIONS: 006 RENAL NETWORK: 20 PHONE:(912)985-3420
COMMUNITY DIALYSIS SERVICE OF NW GA 325-329 W. NINTH ST ROME, GA 30161 PROVIDER NO: 112505	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 090176 OWNERSHIP: PROFIT INTERMEDIARY: 00101 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 020 RENAL NETWORK: 20 PHONE:(404)291-2656
TRI-COUNTY DIALYSIS 822 CHICKAMAUGA AVE ROSSVILLE, GA 30741 PROVIDER NO: 112536	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 072285 OWNERSHIP: PROFIT INTERMEDIARY: 00101 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 006 RENAL NETWORK: 18 PHONE:(404)866-5993
SANDERSVILLE DIALYSIS FACILITY 634 S HARRIS ST SANDERSVILLE, GA 31082 PROVIDER NO: 112534	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 071284 OWNERSHIP: PROFIT INTERMEDIARY: 00101 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 007 RENAL NETWORK: 20 PHONE:(612)552-6818
MEMORIAL MEDICAL CENTER P O BOX 23089 SAVANNAH, GA 31403 PROVIDER NO: 110036	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090176 OWNERSHIP: NONPROFIT INTERMEDIARY: 00101 CROSS-REFER NO:112304	HCFA REGION: 04 TOTAL STATIONS: 010 RENAL NETWORK: 20 PHONE:(912)356-8347
COASTAL DIALYSIS MED CLINIC 1460 EAST VICTORY DRIVE SAVANNAH, GA 31404 PROVIDER NO: 112507	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: 090176 OWNERSHIP: PROFIT INTERMEDIARY: 00101 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 030 RENAL NETWORK: 20 PHONE:(912)232-2691

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STATESBORO DIALYSIS FACILITY	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 072986	HCFA REGION: 04
201 DONEHOO ST	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 006
STATESBORO, GA 30458	SELF-CARE:	INTERMEDIARY: 00101	RENAL NETWORK: 20
PROVIDER NO: 112542	TRAINING:	CROSS-REFER NO:	PHONE:(404)764-2331
SW GEORGIA DIALYSIS FACILITY	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 071480	HCFA REGION: 04
112 MIMOSA DR P.O. BOX 1018	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 025
THOMASVILLE, GA 31792	SELF-CARE: HEMO PERI	INTERMEDIARY: 00101	RENAL NETWORK: 20
PROVIDER NO: 110038	TRAINING: HEMO PERI CAPD CCPD	CROSS-REFER NO:112312	PHONE:(912)228-3226
THOMSON DIALYSIS FACILITY	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 081186	HCFA REGION: 04
300 ANSLEY DR	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 008
THOMSON, GA 30824	SELF-CARE:	INTERMEDIARY: 00101	RENAL NETWORK: 20
PROVIDER NO: 112540	TRAINING:	CROSS-REFER NO:	PHONE:(404)595-9280
KIDNEY DIALYSIS FACILITY OF TIFTON	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 083082	HCFA REGION: 04
1617 JOHN ORR DRIVE	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 009
TIFTON, GA 31794	SELF-CARE:	INTERMEDIARY: 00101	RENAL NETWORK: 20
PROVIDER NO: 112525	TRAINING: CAPD	CROSS-REFER NO:	PHONE:(912)386-2132
TOCCOA DIALYSIS FACILITY INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 081886	HCFA REGION: 04
800 E DOYLE ST -BOX 1426	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 007
TOCCOA, GA 30577	SELF-CARE:	INTERMEDIARY: 00101	RENAL NETWORK: 20
PROVIDER NO: 112541	TRAINING: HEMO	CROSS-REFER NO:	PHONE:(404)886-7478
COMMUNITY DIALYSIS SVCS OF SW GA	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 092977	HCFA REGION: 04
2704 N OAK ST 8LDG H	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 023
VALDOSTA, GA 31601	SELF-CARE:	INTERMEDIARY: 00101	RENAL NETWORK: 20
PROVIDER NO: 112515	TRAINING: PERI CAPD	CROSS-REFER NO:	PHONE:(912)247-4857
VIDALIA DIALYSIS FACILITY	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 101486	HCFA REGION: 04
1806 EDWINA DR	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 005
VIDALIA, GA 30484	SELF-CARE:	INTERMEDIARY: 00100	RENAL NETWORK: 20
PROVIDER NO: 112543	TRAINING:	CROSS-REFER NO:	PHONE:(912)537-9795
WARNER ROBINS DIALYSIS FACILITY	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 071883	HCFA REGION: 04
128 HOSPITAL DR	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 009
WARNER ROBINS, GA 31098	SELF-CARE:	INTERMEDIARY: 00101	RENAL NETWORK: 20
PROVIDER NO: 112531	TRAINING:	CROSS-REFER NO:	PHONE:(912)929-0045
WASHINGTON DIALYSIS FACILITY	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 102683	HCFA REGION: 04
121 C GORDON ST	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 011
WASHINGTON, GA 30673	SELF-CARE:	INTERMEDIARY: 00101	RENAL NETWORK: 20
PROVIDER NO: 112527	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:	PHONE:(404)678-3207
DIALYSIS FACILITIES INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090579	HCFA REGION: 04
415 ALBANY AV	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 015
WAYCROSS, GA 31501	SELF-CARE: HEMO	INTERMEDIARY: 00101	RENAL NETWORK: 20
PROVIDER NO: 112518	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(912)295-2487
BURKE COUNTY DIALYSIS CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 102485	HCFA REGION: 04
404 4TH STREET EXT.	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 011
WAYNESBORO, GA 30830	SELF-CARE:	INTERMEDIARY: 00101	RENAL NETWORK: 20
PROVIDER NO: 112538	TRAINING:	CROSS-REFER NO:	PHONE:(404)554-6648

STATE=GUAM

GUAM MEM HOSP	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 081277	HCFA REGION: 09
P O BOX AX	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 006
AGANA, GU 96910	SELF-CARE:	INTERMEDIARY: 17120	RENAL NETWORK: 01
PROVIDER NO: 650001	TRAINING: HEMO	CROSS-REFER NO:652300	PHONE:(671)646-5801

STATE=HAWAII

HILO HEMODIALYSIS SATELLITE	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 081477	HCFA REGION: 09
140 RAINBOW DR	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 010
HILO, HI 96720	SELF-CARE:	INTERMEDIARY: 17120	RENAL NETWORK: 01
PROVIDER NO: 123500	TRAINING:	CROSS-REFER NO:	PHONE:(808)935-3422
KUAKINI MEDICAL CENTER (ESRD)	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 09
347 N KUAKINI STREET	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 002
HONOLULU, HI 96817	SELF-CARE: HEMO	INTERMEDIARY: 17120	RENAL NETWORK: 01
PROVIDER NO: 120007	TRAINING: HEMO CAPD	CROSS-REFER NO:122300	PHONE:(808)536-2236
ST FRANCIS HOSPITAL	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 082677	HCFA REGION: 09
2230 LILIHA ST.	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 030
HONOLULU, HI 96817	SELF-CARE: HEMO	INTERMEDIARY: 17120	RENAL NETWORK: 01
PROVIDER NO: 120010	TRAINING: HEMO CAPD CCPD	CROSS-REFER NO:122301	PHONE:(808)547-6522
KUAKINI KIDNEY DISEASE CTR	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 080183	HCFA REGION: 09
347 N KUAKINI ST	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 026
HONOLULU, HI 96817	SELF-CARE: HEMO PERI	INTERMEDIARY: 17120	RENAL NETWORK: 01
PROVIDER NO: 122501	TRAINING: HEMO PERI CAPD CCPD	CROSS-REFER NO:	PHONE:(808)521-5605
KAUAI HEMODIALYSIS SATELLITE	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 081377	HCFA REGION: 09
4438 KUENE ST #22	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 005
LIHUE, HI 96766	SELF-CARE:	INTERMEDIARY: 17120	RENAL NETWORK: 01
PROVIDER NO: 123502	TRAINING:	CROSS-REFER NO:	PHONE:(808)245-3770
MAUI HEMODIALYSIS SATELLITE	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 081577	HCFA REGION: 09
255 MAHALANI ST	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 005
MAUI, HI 96793	SELF-CARE:	INTERMEDIARY: 17120	RENAL NETWORK: 01
PROVIDER NO: 123501	TRAINING:	CROSS-REFER NO:	PHONE:(808)244-9600
WAHIAWA DIALYSIS FACILITY	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 080183	HCFA REGION: 09
128 LEHUA STREET	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 006
WAHIAWA, HI 96786	SELF-CARE: HEMO PERI	INTERMEDIARY: 17120	RENAL NETWORK: 01
PROVIDER NO: 122500	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(808)621-5151
LEEWARD SATELLITE FACILITY	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 083177	HCFA REGION: 09
94-223 LEOKU ST	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 010
WAIPAH, HI 96797	SELF-CARE:	INTERMEDIARY: 17120	RENAL NETWORK: 01
PROVIDER NO: 123503	TRAINING:	CROSS-REFER NO:	PHONE:(808)671-3042

STATE=IDAHO

ST ALPHONSUS REGIONAL MED CTR-ESRD	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 10
1055 NORTH CURTIS ROAD	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 006
BOISE, ID 83706	SELF-CARE:	INTERMEDIARY: 00110	RENAL NETWORK: 02
PROVIDER NO: 130007	TRAINING: HEMO CAPD	CROSS-REFER NO:132301	PHONE:(208)378-2095
NORTH IDAHO KIDNEY CENTER	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 102385	HCFA REGION: 10
2003 LINCOLN WAY	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 006
COEUR DALENE, ID 83814	SELF-CARE:	INTERMEDIARY: 00110	RENAL NETWORK: 02
PROVIDER NO: 133500	TRAINING:	CROSS-REFER NO:	PHONE:(509)455-3320
EASTERN IDAHO REGIONAL MED CTR.	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 10
2525 S. BLVD-BOX 2077	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 004
IDAHO FALLS, ID 83401	SELF-CARE:	INTERMEDIARY: 00110	RENAL NETWORK: 02
PROVIDER NO: 130018	TRAINING:	CROSS-REFER NO:132300	PHONE:(208)529-7155
GEM STATE REGIONAL DIALYSIS CTR	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 073186	HCFA REGION: 10
2231 TETON PLAZA	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 006
IDAHO FALLS, ID 83401	SELF-CARE:	INTERMEDIARY: 00110	RENAL NETWORK: 02
PROVIDER NO: 132500	TRAINING: HEMO	CROSS-REFER NO:	PHONE:(208)522-4831
ST BENEDICT'S FAMILY MED CTR-ESRD	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 020784	HCFA REGION: 10
709 N LINCOLN	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 003
JEROME, ID 83338	SELF-CARE:	INTERMEDIARY: 00110	RENAL NETWORK: 02
PROVIDER NO: 130029	TRAINING:	CROSS-REFER NO:132302	PHONE:(208)324-4301
POCATELLO REGIONAL MEDICAL CTR	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 101184	HCFA REGION: 10
757 HOSPITAL WAY	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 005
POCATELLO, ID 83201	SELF-CARE:	INTERMEDIARY: 00110	RENAL NETWORK: 02
PROVIDER NO: 130005	TRAINING:	CROSS-REFER NO:132303	PHONE:(208)234-0777

STATE=ILLINOIS

AURORA KIDNEY CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090177	HCFA REGION: 05
516 SOUTH LINCOLN AVENUE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 013
AURORA, IL 60505	SELF-CARE:	INTERMEDIARY: 00121	RENAL NETWORK: 15
PROVIDER NO: 142515	TRAINING: CAPD	CROSS-REFER NO:	PHONE:(312)892-7445
ST ELIZABETH HOSPITAL	FACILITY TYPE: INPATIENT ONLY	DATE APPROVED: 092082	HCFA REGION: 05
211 SOUTH 3RD STREET	STAFF-ASSISTED:	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 000
BELLEVILLE, IL 62221	SELF-CARE:	INTERMEDIARY: 00121	RENAL NETWORK: 09
PROVIDER NO: 140187	TRAINING:	CROSS-REFER NO:142320	PHONE:(618)234-2120
RENAL CARE OF ILLINOIS	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090882	HCFA REGION: 05
5105 W MAIN ST	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 024
BELLEVILLE, IL 62223	SELF-CARE: HEMO	INTERMEDIARY: 00241	RENAL NETWORK: 09
PROVIDER NO: 142527	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(618)233-9018
MACNEAL RENAL LIFELINE SVCS	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 061185	HCFA REGION: 05
3231 S EUCLID AVE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 006
BERWYN, IL 60402	SELF-CARE:	INTERMEDIARY: 00121	RENAL NETWORK: 15
PROVIDER NO: 142533	TRAINING: CAPD	CROSS-REFER NO:	PHONE:(312)795-3127
BLOOMINGTON HOSPITAL ESRD UNIT	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 060181	HCFA REGION: 05
203 LOCUST ST	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 006
BLOOMINGTON, IL 61701	SELF-CARE:	INTERMEDIARY: 00121	RENAL NETWORK: 15
PROVIDER NO: 143510	TRAINING:	CROSS-REFER NO:	PHONE:(309)454-2834
BIO MEDICAL APPLICATIONS	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090177	HCFA REGION: 05
WESTOWNMALL	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 012
CARBONDALE, IL 62901	SELF-CARE:	INTERMEDIARY: 00121	RENAL NETWORK: 15
PROVIDER NO: 142514	TRAINING: PERI CAPD CCPD	CROSS-REFER NO:	PHONE:(618)529-2112
MT SINAI HOSP MEDICAL CENTER	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 05
CALIFORNIA & 15TH AVE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 009
CHICAGO, IL 60608	SELF-CARE:	INTERMEDIARY: 00121	RENAL NETWORK: 15
PROVIDER NO: 140018	TRAINING: PERI	CROSS-REFER NO:142302	PHONE:(312)542-2000
MICHAEL REESE HOSP MEDICAL CENTER	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 05
LAKESHORE DR AT 31ST ST	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 023
CHICAGO, IL 60616	SELF-CARE: HEMO PERI	INTERMEDIARY: 00121	RENAL NETWORK: 15
PROVIDER NO: 140075	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:142307	PHONE:(312)791-2242
EDGEWATER HOSPITAL	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 05
5700 N ASHLAND AVENUE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 008
CHICAGO, IL 60660	SELF-CARE:	INTERMEDIARY: 00121	RENAL NETWORK: 15
PROVIDER NO: 140087	TRAINING:	CROSS-REFER NO:142309	PHONE:(312)878-6000
UNIVERSITY OF CHICAGO HOSP AND CLINIC	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 090177	HCFA REGION: 05
1164 E 55TH ST	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 016
CHICAGO, IL 60615	SELF-CARE:	INTERMEDIARY: 00121	RENAL NETWORK: 15
PROVIDER NO: 140088	TRAINING: HEMO CAPD	CROSS-REFER NO:142310	PHONE:(312)947-1000
RUSH-PRESBYTERIAN-ST LUKES MED CTR	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 090177	HCFA REGION: 05
1753 WEST CONGRESS PARKWAY	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 010
CHICAGO, IL 60612	SELF-CARE:	INTERMEDIARY: 00121	RENAL NETWORK: 15
PROVIDER NO: 140119	TRAINING: HEMO CAPD	CROSS-REFER NO:142312	PHONE:(312)942-5000

STATE=ILLINOIS CONTINUED

COOK COUNTY HOSPITAL 1825 W HARRISON ST CHICAGO, IL 60612 PROVIDER NO: 140124	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00121 CROSS-REFER NO:142313	HCFA REGION: 05 TOTAL STATIONS: 012 RENAL NETWORK: 15 PHONE:(312)633-7256
UNIVERSITY OF ILLINOIS HOSPITAL 840 S WOOD ST CHICAGO, IL 60612 PROVIDER NO: 140150	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00121 CROSS-REFER NO:142316	HCFA REGION: 05 TOTAL STATIONS: 010 RENAL NETWORK: 15 PHONE:(312)996-6735
CHICAGO OSTEOPATHIC MEDICAL CTR 5200 S ELLIS AVENUE CHICAGO, IL 60615 PROVIDER NO: 140172	FACILITY TYPE: INPATIENT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 092282 OWNERSHIP: NONPROFIT INTERMEDIARY: 00121 CROSS-REFER NO:142319	HCFA REGION: 05 TOTAL STATIONS: 000 RENAL NETWORK: 15 PHONE:(312)947-4532
ST JOSEPHS HOSP 2900 NORTH LAKE SHORE DRIVE CHICAGO, IL 60657 PROVIDER NO: 140224	FACILITY TYPE: INPATIENT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 110483 OWNERSHIP: NONPROFIT INTERMEDIARY: 00121 CROSS-REFER NO:142326	HCFA REGION: 05 TOTAL STATIONS: 000 RENAL NETWORK: 15 PHONE:(*)-
NORTHWESTERN MEMORIAL HOSPITAL 250 E SUPERIOR, RM 446 CHICAGO, IL 60611 PROVIDER NO: 140281	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00121 CROSS-REFER NO:142330	HCFA REGION: 05 TOTAL STATIONS: 025 RENAL NETWORK: 15 PHONE:(312)649-7320
NEOMEDICA DIALYSIS CTR INC.-NORTH 4800 N KILPATRICK AVE CHICAGO, IL 60630 PROVIDER NO: 142501	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: PROFIT INTERMEDIARY: 00121 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 022 RENAL NETWORK: 15 PHONE:(312)545-3693
NEOMEDICA DIALYSIS CTR INC-LOOP 56 E SUPERIOR ST CHICAGO, IL 60611 PROVIDER NO: 142502	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: PROFIT INTERMEDIARY: 00121 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 043 RENAL NETWORK: 15 PHONE:(312)266-9000
NORTH CENTRAL DIALYSIS CENTERS SC 55 EAST WASHINGTON 11TH FLOOR CHICAGO, IL 60602 PROVIDER NO: 142505	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: PROFIT INTERMEDIARY: 00121 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 028 RENAL NETWORK: 15 PHONE:(312)332-6892
CHICAGO KIDNEY CTR 640 W. WASHINGTON CHICAGO, IL 60606 PROVIDER NO: 142506	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: CAPD	DATE APPROVED: 090177 OWNERSHIP: PROFIT INTERMEDIARY: 00121 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 035 RENAL NETWORK: 15 PHONE:(312)930-9365
SOUTH SIDE DIALYSIS UNIT 7721 S WESTERN CHICAGO, IL 60623 PROVIDER NO: 142508	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: PROFIT INTERMEDIARY: 00121 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 035 RENAL NETWORK: 15 PHONE:(312)471-0400
JACKSON PARK DIALYSIS UNIT 7531 SOUTH STONEY ISLAND CHICAGO, IL 60649 PROVIDER NO: 142516	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: PROFIT INTERMEDIARY: 00121 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 022 RENAL NETWORK: 15 PHONE:(312)947-7510

NEOMEDICA DIALYSIS CTR INC-SOUTH 9212 S. CHICAGO AVE. CHICAGO, IL 60617 PROVIDER NO: 142519	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 101578 OWNERSHIP: PROFIT INTERMEDIARY: 00121 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 036 RENAL NETWORK: 15 PHONE:(312)951-0100
NORTH CENTRAL DIALYSIS-NORTH 2277 W HOWARD CHICAGO, IL 60645 PROVIDER NO: 142522	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO	DATE APPROVED: 122179 OWNERSHIP: PROFIT INTERMEDIARY: 00121 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 016 RENAL NETWORK: 15 PHONE:(312)262-7147
BELMONT DIALYSIS CENTER 4848 WEST BELMONT CHICAGO, IL 60641 PROVIDER NO: 142523	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 120379 OWNERSHIP: PROFIT INTERMEDIARY: 00121 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 010 RENAL NETWORK: 15 PHONE:(312)685-7500
NEOMEDICA DIALYSIS CTR INC-SW 3500 S EMERALD AVE CHICAGO, IL 60609 PROVIDER NO: 142524	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO PERI TRAINING: HEMO	DATE APPROVED: 090180 OWNERSHIP: PROFIT INTERMEDIARY: 00121 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 020 RENAL NETWORK: 15 PHONE:(312)847-1236
LINCOLN PARK NEPHROLOGY ASSOC. 2051 SEDGWICK CHICAGO, IL 60614 PROVIDER NO: 142528	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 110182 OWNERSHIP: NONPROFIT INTERMEDIARY: 00121 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 011 RENAL NETWORK: 15 PHONE:(312)337-0029
HYDE PARK KIDNEY CTR 1437-39 EAST 53RD ST CHICAGO, IL 60615 PROVIDER NO: 142529	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 092282 OWNERSHIP: NONPROFIT INTERMEDIARY: 00121 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 014 RENAL NETWORK: 15 PHONE:(312)947-0770
NEOMEDICA DIALYSIS CTR INC-NE 2800 N. SHERIDAN RD CHICAGO, IL 60657 PROVIDER NO: 142531	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPD	DATE APPROVED: 110483 OWNERSHIP: PROFIT INTERMEDIARY: 00121 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 013 RENAL NETWORK: 15 PHONE:(312)880-6535
CHILDREN'S MEMORIAL HOSPITAL 2300 CHILDREN'S PLAZA CHICAGO, IL 60614 PROVIDER NO: 143300	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: PERI CAPD	DATE APPROVED: 090183 OWNERSHIP: NONPROFIT INTERMEDIARY: 00121 CROSS-REFER NO:142331	HCFA REGION: 05 TOTAL STATIONS: 004 RENAL NETWORK: 15 PHONE:(312)880-4000
CRYSTAL LAKE AMBUTAL 4900 SOUTH ROUTE 31 CRYSTAL LAKE, IL 60014 PROVIDER NO: 143509	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 012681 OWNERSHIP: NONPROFIT INTERMEDIARY: 00121 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 004 RENAL NETWORK: 15 PHONE:(815)455-3650
LAKEVIEW MEDICAL CENTER 812 NORTH LOGAN AVE DANVILLE, IL 61832 PROVIDER NO: 140219	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: PERI CAPD CCPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00121 CROSS-REFER NO:142325	HCFA REGION: 05 TOTAL STATIONS: 011 RENAL NETWORK: 15 PHONE:(217)443-5000
DECATUR LIMITED CARE FACILITY 2300 NORTH EDWARD DECATUR, IL 62526 PROVIDER NO: 143506	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: HEMO PERI TRAINING: HEMO	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00121 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 008 RENAL NETWORK: 15 PHONE:(217)877-9351

STATE=ILLINOIS CONTINUED

KATHERINE SHAW BETHEA DIALYSIS UNIT	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 100278	HCFA REGION: 05
303 E FIRST ST	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 004
DIXON, IL 61021	SELF-CARE:	INTERMEDIARY: 51140	RENAL NETWORK: 15
PROVIDER NO: 143508	TRAINING:	CROSS-REFER NO:	PHONE:(815)288-5531
EFFINGHAM LIMITED CARE FACILITY	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 090177	HCFA REGION: 05
205 N 4TH ST	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 010
EFFINGHAM, IL 62401	SELF-CARE:	INTERMEDIARY: 00121	RENAL NETWORK: 15
PROVIDER NO: 143501	TRAINING:	CROSS-REFER NO:	PHONE:(217)342-9418
SHERMAN HOSPITAL DIALYSIS CENTER	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 05
934 N. CENTER STREET	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 006
ELGIN, IL 60120	SELF-CARE: HEMO	INTERMEDIARY: 00121	RENAL NETWORK: 15
PROVIDER NO: 140030	TRAINING: HEMO CAPD	CROSS-REFER NO:142303	PHONE:(312)742-9800
ALEXIAN BROTHERS KIDNEY CTR	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090177	HCFA REGION: 05
800 BIESTERFIELD RD	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 011
ELK GROVE VILLAGE, IL 60007	SELF-CARE: HEMO PERI	INTERMEDIARY: 00121	RENAL NETWORK: 15
PROVIDER NO: 142507	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:	PHONE:(312)437-0824
ELMHURST MEMORIAL HOSPITAL	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 05
200 BERTEAU AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 019
ELMHURST, IL 60126	SELF-CARE:	INTERMEDIARY: 00121	RENAL NETWORK: 15
PROVIDER NO: 140200	TRAINING: HEMO CAPD	CROSS-REFER NO:142322	PHONE:(312)833-1400
EVANSTON HOSPITAL	FACILITY TYPE: INPATIENT ONLY	DATE APPROVED: 090177	HCFA REGION: 05
2650 RIDGE AVE	STAFF-ASSISTED:	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 000
EVANSTON, IL 60201	SELF-CARE:	INTERMEDIARY: 00121	RENAL NETWORK: 15
PROVIDER NO: 140010	TRAINING:	CROSS-REFER NO:142300	PHONE:(312)492-2000
BIO-MEDICAL APPLICATIONS OF EVANSTON	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090177	HCFA REGION: 05
1600 ORRINGTON	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 016
EVANSTON, IL 60201	SELF-CARE: HEMO PERI	INTERMEDIARY: 00121	RENAL NETWORK: 15
PROVIDER NO: 142511	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:	PHONE:(312)491-1214
GALESBURG COTTAGE HOSPITAL	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 05
695 N KELLOGG ST	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 007
GALESBURG, IL 61401	SELF-CARE:	INTERMEDIARY: 00121	RENAL NETWORK: 15
PROVIDER NO: 140040	TRAINING:	CROSS-REFER NO:142304	PHONE:(309)343-8131
INGALLS MEMORIAL HOSPITAL	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 05
ONE INGALLS DRIVE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 017
HARVEY, IL 60426	SELF-CARE: HEMO PERI	INTERMEDIARY: 00121	RENAL NETWORK: 15
PROVIDER NO: 140191	TRAINING: HEMO	CROSS-REFER NO:142321	PHONE:(312)333-2300
HIGHLAND PARK HOSPITAL	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 110580	HCFA REGION: 05
718 GLENVIEW AVENUE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 006
HIGHLAND PARK, IL 60035	SELF-CARE:	INTERMEDIARY: 00121	RENAL NETWORK: 15
PROVIDER NO: 140108	TRAINING: HEMO	CROSS-REFER NO:142333	PHONE:(312)432-8000
DUPAGE DIALYSIS LTD	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 051879	HCFA REGION: 05
440 E OGDEN AVE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 013
HINSDALE, IL 60521	SELF-CARE: HEMO PERI	INTERMEDIARY: 00121	RENAL NETWORK: 15
PROVIDER NO: 142520	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:	PHONE:(312)325-1360

STATE=ILLINOIS CONTINUED

JACKSONVILLE LIMITED CARE FACILITY	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 090177	HCFA REGION: 05
1515 W WALNUT ST	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 008
JACKSONVILLE, IL 62650	SELF-CARE: HEMO PERI	INTERMEDIARY: 00121	RENAL NETWORK: 15
PROVIDER NO: 143505	TRAINING: HEMO	CROSS-REFER NO:	PHONE:(217)243-3042
SILVER CROSS HOSP	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 05
1200 MAPLE RD	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 014
JOLIET, IL 60432	SELF-CARE: HEMO PERI	INTERMEDIARY: 00121	RENAL NETWORK: 15
PROVIDER NO: 140213	TRAINING: HEMO PERI CAPD CCPD	CROSS-REFER NO:142324	PHONE:(815)740-1100
ST MARYS HOSP	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 05
175 SOUTH WALL ST	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 014
KANKAKEE, IL 60901	SELF-CARE:	INTERMEDIARY: 00121	RENAL NETWORK: 15
PROVIDER NO: 140155	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:142318	PHONE:(815)937-2400
YORKTOWN DIALYSIS CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090177	HCFA REGION: 05
2821 FAIRFIELD AVE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 008
LOMBARD, IL 60148	SELF-CARE: HEMO PERI	INTERMEDIARY: 00121	RENAL NETWORK: 15
PROVIDER NO: 142503	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:	PHONE:(312)495-2809
LOYOLA UNIV MEDICAL CENTER	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 090177	HCFA REGION: 05
2160 S 1ST ST	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 016
MAYWOOD, IL 60153	SELF-CARE:	INTERMEDIARY: 00121	RENAL NETWORK: 15
PROVIDER NO: 140276	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:142329	PHONE:(312)531-3800
MOLINE PUBLIC HOSPITAL	FACILITY TYPE: INPATIENT ONLY	DATE APPROVED: 101981	HCFA REGION: 05
635 10TH AVE	STAFF-ASSISTED:	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 000
MOLINE, IL 61265	SELF-CARE:	INTERMEDIARY: 00121	RENAL NETWORK: 08
PROVIDER NO: 140204	TRAINING:	CROSS-REFER NO:142332	PHONE:(309)757-3327
QUAD CITIES RENAL CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 080381	HCFA REGION: 05
611 - 35TH AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 014
MOLINE, IL 61265	SELF-CARE: HEMO	INTERMEDIARY: 00121	RENAL NETWORK: 08
PROVIDER NO: 142526	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(309)762-6822
MOUNT VERNON KIDNEY CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 111683	HCFA REGION: 05
2401 VETERANS MEMORIAL DR	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 005
MOUNT VERNON, IL 62864	SELF-CARE: HEMO	INTERMEDIARY: 00121	RENAL NETWORK: 15
PROVIDER NO: 142532	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(618)244-6248
NILES DAY JOHN SPRINGMAN SATEL UNIT	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090177	HCFA REGION: 05
7332 MILWAUKEE AVE.	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 016
NILES, IL 60648	SELF-CARE:	INTERMEDIARY: 00121	RENAL NETWORK: 15
PROVIDER NO: 142500	TRAINING:	CROSS-REFER NO:	PHONE:(312)647-8505
NEOMEDICA DIALYSIS CTR INC-NW	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 101779	HCFA REGION: 05
4701 N CUMBERLAND	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 006
NORRIDGE, IL 60656	SELF-CARE: HEMO PERI	INTERMEDIARY: 00121	RENAL NETWORK: 15
PROVIDER NO: 142521	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:	PHONE:(312)456-0152
CHRIST HOSPITAL	FACILITY TYPE: INPATIENT ONLY	DATE APPROVED: 090177	HCFA REGION: 05
4440 W 95TH STREET	STAFF-ASSISTED:	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 000
OAK LAWN, IL 60453	SELF-CARE:	INTERMEDIARY: 00121	RENAL NETWORK: 15
PROVIDER NO: 140208	TRAINING:	CROSS-REFER NO:142323	PHONE:(312)425-8000

STATE=ILLINOIS CONTINUED

NORTH CENTRAL DIALYSIS CTRS SOUTHSIDE	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 060178	HCFA REGION: 05
9115 S CICERO AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 024
OAK LAWN, IL 60453	SELF-CARE: HEMO	INTERMEDIARY: 00121	RENAL NETWORK: 15
PROVIDER NO: 142518	TRAINING: HEMO	CROSS-REFER NO:	PHONE:(312)424-2126
WEST SUBURBAN HOSPITAL MEDICAL CENTER	FACILITY TYPE: INPATIENT ONLY	DATE APPROVED: 020183	HCFA REGION: 05
ERIE AT AUSTIN BOULEVARD	STAFF-ASSISTED:	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 000
OAK PARK, IL 60302	SELF-CARE:	INTERMEDIARY: 00121	RENAL NETWORK: 15
PROVIDER NO: 140049	TRAINING:	CROSS-REFER NO:142305	PHONE:(312)383-6200
OAK PARK COMMUNITY DIALYSIS CTR.	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090177	HCFA REGION: 05
733 W MADISON ST	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 022
OAK PARK, IL 60302	SELF-CARE: HEMO PERI	INTERMEDIARY: 00121	RENAL NETWORK: 15
PROVIDER NO: 142504	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:	PHONE:(312)386-8758
WEST SUBURBAN HOSP DIALYSIS UNIT	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 020183	HCFA REGION: 05
ERIE AT AUSTIN	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 017
OAK PARK, IL 60302	SELF-CARE:	INTERMEDIARY: 00121	RENAL NETWORK: 15
PROVIDER NO: 142530	TRAINING: HEMO PERI	CROSS-REFER NO:	PHONE:(312)383-6200
SOUTH SUBURBAN KIDNEY UNIT	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 040678	HCFA REGION: 05
2601 W LINCOLN HIGHWAY	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 022
OLYMPIA FIELDS, IL 60461	SELF-CARE: HEMO PERI	INTERMEDIARY: 00121	RENAL NETWORK: 15
PROVIDER NO: 142517	TRAINING: HEMO PERI CAPD CCPD	CROSS-REFER NO:	PHONE:(312)747-0050
ST FRANCIS MEDICAL CENTER	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 072285	HCFA REGION: 05
1124 N BERKELEY	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 027
PEORIA, IL 61603	SELF-CARE: HEMO PERI	INTERMEDIARY: 00121	RENAL NETWORK: 15
PROVIDER NO: 140067	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:142306	PHONE:(309)672-2000
BLESSING HOSP	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 05
1005 BROADWAY	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 012
QUINCY, IL 62301	SELF-CARE:	INTERMEDIARY: 00121	RENAL NETWORK: 15
PROVIDER NO: 140015	TRAINING:	CROSS-REFER NO:142301	PHONE:(217)223-5811
ROCKFORD MEM HOSP-ESRD	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 05
2400 N ROCKTON AVE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 016
ROCKFORD, IL 61101	SELF-CARE:	INTERMEDIARY: 51140	RENAL NETWORK: 15
PROVIDER NO: 140239	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:142328	PHONE:(815)968-6861
NEOMEDICA DIALYSIS CTR INC-NO CENTRAL	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 010581	HCFA REGION: 05
1545 HICKS RD	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 006
ROLLING MEADOWS, IL 60008	SELF-CARE:	INTERMEDIARY: 00121	RENAL NETWORK: 15
PROVIDER NO: 142525	TRAINING: HEMO PERI	CROSS-REFER NO:	PHONE:(312)358-7900
ST MARGARET HOSP ESRD UNIT	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 052781	HCFA REGION: 05
600 EAST FIRST ST	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 011
SPRING VALLEY, IL 61362	SELF-CARE:	INTERMEDIARY: 00121	RENAL NETWORK: 15
PROVIDER NO: 143511	TRAINING:	CROSS-REFER NO:	PHONE:(815)664-4585
MEMORIAL MEDICAL CENTER	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 090177	HCFA REGION: 05
800 N RUTLEDGE ST	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 000
SPRINGFIELD, IL 62781	SELF-CARE:	INTERMEDIARY: 00121	RENAL NETWORK: 15
PROVIDER NO: 140148	TRAINING: CAPD	CROSS-REFER NO:142315	PHONE:(217)788-3860

STATE=ILLINOIS CONTINUED

SPRINGFIELD LIMITED CARE FACILITY	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 090177	HCFA REGION: 05
2 DRAWBRIDGE RD	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 017
SPRINGFIELD, IL 62704	SELF-CARE: HEMO PERI	INTERMEDIARY: 00121	RENAL NETWORK: 15
PROVIDER NO: 143504	TRAINING: HEMO PERI	CROSS-REFER NO:	PHONE:(217)788-3688
MERCY HOSPITAL	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 05
1400 W PARK ST	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 010
URBANA, IL 61801	SELF-CARE: HEMO	INTERMEDIARY: 00121	RENAL NETWORK: 15
PROVIDER NO: 140113	TRAINING: HEMO CAPD	CROSS-REFER NO:142311	PHONE:(217)337-2142
VICTORY MEMORIAL HOSPITAL	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 05
1324 NORTH SHERIDAN ROAD	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 014
WAUKEGAN, IL 60085	SELF-CARE:	INTERMEDIARY: 00121	RENAL NETWORK: 15
PROVIDER NO: 140084	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:142308	PHONE:(312)688-3000
CENTRAL DUPAGE HOSP KIDNEY CTR	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090177	HCFA REGION: 05
025 N. WINFIELD	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 012
WINFIELD, IL 60190	SELF-CARE: HEMO PERI	INTERMEDIARY: 00121	RENAL NETWORK: 15
PROVIDER NO: 142509	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:	PHONE:(312)665-9340

STATE=INDIANA

DUNN MEMORIAL HOSP-RENAL DIALYSIS FAC	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 032186	HCFA REGION: 05
1520 23RD ST, STE. D.	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 002
BEDFORD, IN 47421	SELF-CARE: HEMO PERI	INTERMEDIARY: 00130	RENAL NETWORK: 16
PROVIDER NO: 153502	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:	PHONE:(812)279-6755
BLOOMINGTON HOSPITAL-ESRD	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 060986	HCFA REGION: 05
709 W 1ST,LOWER LEVEL-P.O. BOX 1149	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 003
BLOOMINGTON, IN 47401	SELF-CARE: HEMO PERI	INTERMEDIARY: 00130	RENAL NETWORK: 16
PROVIDER NO: 150051	TRAINING: HEMO PERI	CROSS-REFER NO:152313	PHONE:(812)336-6821
ST ANTHONY MEDICAL CENTER	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 112181	HCFA REGION: 05
MAIN AND FRANCISCAN RD	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 006
CROWN POINT, IN 46307	SELF-CARE:	INTERMEDIARY: 00130	RENAL NETWORK: 16
PROVIDER NO: 150126	TRAINING:	CROSS-REFER NO:	PHONE:(219)663-8120
TRI-STATE RENAL DISEASE CENTER	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 05
3700 WASHINGTON AVENUE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 030
EVANSVILLE, IN 47750	SELF-CARE:	INTERMEDIARY: 00130	RENAL NETWORK: 16
PROVIDER NO: 150100	TRAINING: HEMO CAPD	CROSS-REFER NO:152307	PHONE:(812)479-1496
WELBORN DIALYSIS CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 080486	HCFA REGION: 05
421 CHESTNUTT	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 004
EVANSVILLE, IN 47713	SELF-CARE: HEMO PERI	INTERMEDIARY: 00130	RENAL NETWORK: 16
PROVIDER NO: 152503	TRAINING: HEMO PERI	CROSS-REFER NO:	PHONE:(812)426-9551
THE LUTHERAN HOSP OF FORT WAYNE	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 05
3024 FAIRFIELD AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 025
FORT WAYNE, IN 46807	SELF-CARE:	INTERMEDIARY: 00130	RENAL NETWORK: 16
PROVIDER NO: 150017	TRAINING: HEMO CAPD	CROSS-REFER NO:152302	PHONE:(219)458-2100
ST MARGARET HOSP RENAL DIALYSIS FAC	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 091985	HCFA REGION: 05
600 GRANT ST-METHODIST HOSPITAL	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 010
GARY, IN 46402	SELF-CARE:	INTERMEDIARY: 00130	RENAL NETWORK: 16
PROVIDER NO: 153501	TRAINING:	CROSS-REFER NO:	PHONE:(219)886-4000
NORTHWEST INDIANA DIALYSIS INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 110485	HCFA REGION: 05
569 TYLER ST	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 010
GARY LAKE, IN 46402	SELF-CARE:	INTERMEDIARY: 00130	RENAL NETWORK: 16
PROVIDER NO: 152501	TRAINING: HEMO	CROSS-REFER NO:	PHONE:(219)885-3300
ST MARGARET HOSP	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 05
5454 HOHMAN AVE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 031
HAMMOND, IN 46320	SELF-CARE: HEMO PERI	INTERMEDIARY: 00130	RENAL NETWORK: 16
PROVIDER NO: 150004	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:152300	PHONE:(219)932-2300
INDIANA UNIVERSITY HOSPITALS	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 090177	HCFA REGION: 05
1100 WEST MICHIGAN ST	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 027
INDIANAPOLIS, IN 46202	SELF-CARE:	INTERMEDIARY: 00130	RENAL NETWORK: 16
PROVIDER NO: 150032	TRAINING: HEMO CAPD	CROSS-REFER NO:152304	PHONE:(317)264-2537
METHODIST HOSP OF INDIANA INC	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 090177	HCFA REGION: 05
1604 N CAPITOL AV	STAFF-ASSISTED:	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 000
INDIANAPOLIS, IN 46202	SELF-CARE:	INTERMEDIARY: 00130	RENAL NETWORK: 16
PROVIDER NO: 150056	TRAINING: CAPD	CROSS-REFER NO:152306	PHONE:(317)924-8861

STATE=INDIANA CONTINUED

ST VINCENT HOSPITAL	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 030278	HCFA REGION: 05
2001 W 86TH STREET	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 013
INDIANAPOLIS, IN 46260	SELF-CARE:	INTERMEDIARY: 00130	RENAL NETWORK: 16
PROVIDER NO: 150084	TRAINING: CAPD	CROSS-REFER NO:152309	PHONE:(317)871-2345
DIALYSIS INSTITUTE OF INDIANA INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 100181	HCFA REGION: 05
2140 N CAPITOL AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 044
INDIANAPOLIS, IN 46202	SELF-CARE:	INTERMEDIARY: 00130	RENAL NETWORK: 16
PROVIDER NO: 152500	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:	PHONE:(317)925-5894
INDIANA KIDNEY CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 080686	HCFA REGION: 05
6919 EAST 10TH ST,SUITE E-2	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 006
INDIANAPOLIS, IN 46219	SELF-CARE:	INTERMEDIARY: 00130	RENAL NETWORK: 16
PROVIDER NO: 152502	TRAINING: HEMO	CROSS-REFER NO:	PHONE:(317)353-8900
ST ELIZABETH HOSP MED CENTER	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 060179	HCFA REGION: 05
1501 HARTFORD STREET	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 010
LAFAYETTE, IN 47904	SELF-CARE:	INTERMEDIARY: 00130	RENAL NETWORK: 16
PROVIDER NO: 150003	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:152310	PHONE:(317)423-6011
ST MARGARET HOSPITAL SOUTHLAKE UNIT	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 112581	HCFA REGION: 05
8701 BROADWAY	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 004
MERRILLVILLE, IN 46410	SELF-CARE:	INTERMEDIARY: 00130	RENAL NETWORK: 16
PROVIDER NO: 153500	TRAINING:	CROSS-REFER NO:	PHONE:(219)738-5610
BALL MEM HOSP ASSOCIATION INC	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 061179	HCFA REGION: 05
2401 UNIVERSITY AVE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 012
MUNCIE, IN 47303	SELF-CARE:	INTERMEDIARY: 00130	RENAL NETWORK: 16
PROVIDER NO: 150089	TRAINING: CAPD	CROSS-REFER NO:152308	PHONE:(317)473-3020
ST JOSEPHS HOSP	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 05
811 E MADISON ST	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 030
SOUTH BEND, IN 46617	SELF-CARE:	INTERMEDIARY: 00130	RENAL NETWORK: 16
PROVIDER NO: 150012	TRAINING: HEMO CAPD	CROSS-REFER NO:152301	PHONE:(219)237-7111
UNION HOSPITAL INC	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 082980	HCFA REGION: 05
1606 N 7TH ST	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 008
TERRE HAUTE, IN 47804	SELF-CARE:	INTERMEDIARY: 00130	RENAL NETWORK: 16
PROVIDER NO: 150023	TRAINING: CAPD	CROSS-REFER NO:	PHONE:(812)238-7000
GOOD SAMARITAN HOSPITAL	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 05
520 SOUTH 7TH STREET	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 009
VINCENNES, IN 47591	SELF-CARE:	INTERMEDIARY: 00130	RENAL NETWORK: 16
PROVIDER NO: 150042	TRAINING: HEMO CAPD	CROSS-REFER NO:152305	PHONE:(812)882-5220

STATE=IOWA

MARY GREELEY MEDICAL CTR 117 11TH ST AMES, IA 50010 PROVIDER NO: 160030	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: 072877 OWNERSHIP: NONPROFIT INTERMEDIARY: 00140 CROSS-REFER NO:162304	HCFA REGION: 07 TOTAL STATIONS: 007 RENAL NETWORK: 08 PHONE:(515)239-2316
MERCY HOSPITAL 701 10TH STREET SE CEDAR RAPIDS, IA 52403 PROVIDER NO: 160079	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 031285 OWNERSHIP: NONPROFIT INTERMEDIARY: 00140 CROSS-REFER NO:162309	HCFA REGION: 07 TOTAL STATIONS: 010 RENAL NETWORK: 08 PHONE:(319)398-6423
ST LUKE'S HOSP 1227 E RUSHOLME ST DAVENPORT, IA 52803 PROVIDER NO: 160025	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: 072877 OWNERSHIP: NONPROFIT INTERMEDIARY: 00140 CROSS-REFER NO:162303	HCFA REGION: 07 TOTAL STATIONS: 016 RENAL NETWORK: 08 PHONE:(319)326-5989
IOWA LUTHERAN HOSP E. UNIVERSITY AT PENN DES MOINES, IA 50316 PROVIDER NO: 160024	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: 083077 OWNERSHIP: NONPROFIT INTERMEDIARY: 00140 CROSS-REFER NO:162302	HCFA REGION: 07 TOTAL STATIONS: 020 RENAL NETWORK: 08 PHONE:(515)263-5214
MERCY HOSP MED CENTER SIXTH AND UNIVERSITY AVE DES MOINES, IA 50314 PROVIDER NO: 160083	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: 100786 OWNERSHIP: NONPROFIT INTERMEDIARY: 00140 CROSS-REFER NO:162310	HCFA REGION: 07 TOTAL STATIONS: 012 RENAL NETWORK: 08 PHONE:(515)247-4234
KIDNEY CARE P.C. 1215 PLEASANT ST, SUITE 100 DES MOINES, IA 50309 PROVIDER NO: 162501	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: 061286 OWNERSHIP: PROFIT INTERMEDIARY: 00140 CROSS-REFER NO:	HCFA REGION: 07 TOTAL STATIONS: 012 RENAL NETWORK: 08 PHONE:(515)263-1487
TRI-STATE DIALYSIS 320 N GRANDVIEW DUBUQUE, IA 52001 PROVIDER NO: 162500	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: 091780 OWNERSHIP: PROFIT INTERMEDIARY: 00140 CROSS-REFER NO:	HCFA REGION: 07 TOTAL STATIONS: 008 RENAL NETWORK: 08 PHONE:(319)557-9824
TRINITY REG HOSP S KENYON RD FORT DODGE, IA 50501 PROVIDER NO: 160016	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 082977 OWNERSHIP: NONPROFIT INTERMEDIARY: 00141 CROSS-REFER NO:162300	HCFA REGION: 07 TOTAL STATIONS: 008 RENAL NETWORK: 08 PHONE:(515)576-0831
VA MEDICAL CTR HIGHWAY 6 W IOWA CITY, IA 52240 PROVIDER NO: 16004F	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 072777 OWNERSHIP: NONPROFIT INTERMEDIARY: 00080 CROSS-REFER NO:162305	HCFA REGION: 07 TOTAL STATIONS: 016 RENAL NETWORK: 08 PHONE:(319)338-0581
UNIVERSITY OF IOWA HOSP CLINICS NEWTON RD IOWA CITY, IA 52242 PROVIDER NO: 160058	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: 083077 OWNERSHIP: NONPROFIT INTERMEDIARY: 00140 CROSS-REFER NO:162306	HCFA REGION: 07 TOTAL STATIONS: 010 RENAL NETWORK: 08 PHONE:(319)356-2723
HENRY CO HEALTH CTR SAUNDERS PARK MOUNT PLEASANT, IA 52641 PROVIDER NO: 160106	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 072877 OWNERSHIP: NONPROFIT INTERMEDIARY: 00140 CROSS-REFER NO:162308	HCFA REGION: 07 TOTAL STATIONS: 008 RENAL NETWORK: 08 PHONE:(319)385-3141

STATE=IOWA CONTINUED

GEORGE G SPELLMAN DIALYSIS UNIT	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 072777	HCFA REGION: 07
801 5TH ST	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 010
SIOUX CITY, IA 51101	SELF-CARE:	INTERMEDIARY: 00141	RENAL NETWORK: 08
PROVIDER NO: 160153	TRAINING: HEMO PERI CAPD CCPD	CROSS-REFER NO:162301	PHONE:(712)279-2178
COVENANT MEDICAL CTR	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 072877	HCFA REGION: 07
3421 W 9TH ST	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 012
WATERLOO, IA 50702	SELF-CARE:	INTERMEDIARY: 00140	RENAL NETWORK: 08
PROVIDER NO: 160067	TRAINING: HEMO CAPD CCPD	CROSS-REFER NO:162307	PHONE:(319)236-4140

STATE=KANSAS

KANSAS NEPHROLOGY ASSOCIATES 108 ROSS BLVD DODGE CITY, KS 67801 PROVIDER NO: 172505	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: 120186 OWNERSHIP: PROFIT INTERMEDIARY: 00150 CROSS-REFER NO:	HCFA REGION: 07 TOTAL STATIONS: 006 RENAL NETWORK: 09 PHONE:(316)225-7100
KANSAS NEPHROLOGY ASSOCIATES 2220 CANTERBURY RD HAYS, KS 67601 PROVIDER NO: 172506	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 120186 OWNERSHIP: PROFIT INTERMEDIARY: 00150 CROSS-REFER NO:	HCFA REGION: 07 TOTAL STATIONS: 004 RENAL NETWORK: 09 PHONE:(316)268-6858
UNIVERSITY OF KANSAS MEDICAL CENTER 39TH ST & RAINBOW BLVD KANSAS CITY, KS 66103 PROVIDER NO: 170040	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI	DATE APPROVED: 082977 OWNERSHIP: NONPROFIT INTERMEDIARY: 00241 CROSS-REFER NO:172301	HCFA REGION: 07 TOTAL STATIONS: 016 RENAL NETWORK: 09 PHONE:(913)588-6072
JOHNSON COUNTY DIALYSIS INC 10405 W 84TH TERRACE LENEXA, KS 66214 PROVIDER NO: 172501	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: 060683 OWNERSHIP: NONPROFIT INTERMEDIARY: 00241 CROSS-REFER NO:	HCFA REGION: 07 TOTAL STATIONS: 013 RENAL NETWORK: 09 PHONE:(913)492-2044
ASBURY HOSP 400 S SANTA FE SALINA, KS 67401 PROVIDER NO: 170012	FACILITY TYPE: INPATIENT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 061785 OWNERSHIP: NONPROFIT INTERMEDIARY: 00150 CROSS-REFER NO:172305	HCFA REGION: 07 TOTAL STATIONS: 009 RENAL NETWORK: 09 PHONE:(913)823-6416
SALINE COUNTY DIALYSIS 700 EAST IRON SALINA, KS 67401 PROVIDER NO: 172502	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: 061785 OWNERSHIP: PROFIT INTERMEDIARY: 00140 CROSS-REFER NO:	HCFA REGION: 07 TOTAL STATIONS: 009 RENAL NETWORK: 09 PHONE:(913)823-6460
ST FRANCIS HOSP AND MED CTR 634 SW MULVANE TOPEKA, KS 66606 PROVIDER NO: 170016	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: 072177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00150 CROSS-REFER NO:172300	HCFA REGION: 07 TOTAL STATIONS: 016 RENAL NETWORK: 09 PHONE:(913)295-8081
ST FRANCIS HOSP 929 N ST FRANCIS AVE WICHITA, KS 67214 PROVIDER NO: 170122	FACILITY TYPE: TRANSPLANT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 120186 OWNERSHIP: NONPROFIT INTERMEDIARY: 00150 CROSS-REFER NO:172303	HCFA REGION: 07 TOTAL STATIONS: 000 RENAL NETWORK: 09 PHONE:(316)268-5623
WICHITA DIALYSIS CENTER 909 NORTH TOPEKA WICHITA, KS 67214 PROVIDER NO: 172503	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD CCPD	DATE APPROVED: 070186 OWNERSHIP: PROFIT INTERMEDIARY: 00150 CROSS-REFER NO:	HCFA REGION: 07 TOTAL STATIONS: 023 RENAL NETWORK: 09 PHONE:(316)263-5891
KANSAS NEPHROLOGY ASSOCIATES 929 NORTH ST. FRANCIS WICHITA, KS 67214 PROVIDER NO: 172504	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 120186 OWNERSHIP: PROFIT INTERMEDIARY: 00150 CROSS-REFER NO:	HCFA REGION: 07 TOTAL STATIONS: 043 RENAL NETWORK: 09 PHONE:( ) -

STATE=KENTUCKY

ASHLAND KIDNEY CENTER OF OLBH	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 031584	HCFA REGION: 04
ST. CHRISTOPHER DRIVE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 009
ASHLAND, KY 41101	SELF-CARE:	INTERMEDIARY: 00160	RENAL NETWORK: 17
PROVIDER NO: 180036	TRAINING: CAPD	CROSS-REFER NO:182308	PHONE:(606)836-0231
BOWLING GREEN HEMODIALYSIS CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 081678	HCFA REGION: 04
1834 LYDA AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 010
BOWLING GREEN, KY 42101	SELF-CARE: HEMO	INTERMEDIARY: 00160	RENAL NETWORK: 17
PROVIDER NO: 182505	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(502)782-1318
DIALYSIS CLINIC INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 011480	HCFA REGION: 04
500 S MAIN ST	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 012
CORBIN, KY 40701	SELF-CARE:	INTERMEDIARY: 00160	RENAL NETWORK: 17
PROVIDER NO: 182508	TRAINING:	CROSS-REFER NO:	PHONE:(606)523-1070
COMMUNITY LIMITED CARE DIALYSIS CTR	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 080283	HCFA REGION: 04
900 MEDICAL VILLAGE DR	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 010
EDGEWOOD, KY 41017	SELF-CARE:	INTERMEDIARY: 00160	RENAL NETWORK: 17
PROVIDER NO: 182511	TRAINING:	CROSS-REFER NO:	PHONE:(606)341-4366
WOODLAND DIALYSIS FACILITY	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090177	HCFA REGION: 04
912 WOODLAND DR	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 014
ELIZABETHTOWN, KY 42701	SELF-CARE:	INTERMEDIARY: 00160	RENAL NETWORK: 17
PROVIDER NO: 182504	TRAINING: PERI CAPD CCPD	CROSS-REFER NO:	PHONE:(502)769-3321
JENNIE STUART MEMORIAL HOSP	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 090176	HCFA REGION: 04
HOSPITAL LANE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 004
HOPKINSVILLE, KY 42240	SELF-CARE:	INTERMEDIARY: 00160	RENAL NETWORK: 17
PROVIDER NO: 180051	TRAINING:	CROSS-REFER NO:182304	PHONE:(502)886-5221
UNIVERSITY OF KENTUCKY MEDICAL CENTER	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 090176	HCFA REGION: 04
800 ROSE STREET	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 007
LEXINGTON, KY 40536	SELF-CARE:	INTERMEDIARY: 00160	RENAL NETWORK: 17
PROVIDER NO: 180067	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:182305	PHONE:(606)233-5000
DIALYSIS CLINIC INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090176	HCFA REGION: 04
1353 LEESTOWN RD	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 020
LEXINGTON, KY 40508	SELF-CARE:	INTERMEDIARY: 00160	RENAL NETWORK: 17
PROVIDER NO: 182502	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(606)252-7712
DIALYSIS CLINIC, INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 022586	HCFA REGION: 04
140 SOUTHLAND DRIVE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 010
LEXINGTON, KY 40503	SELF-CARE:	INTERMEDIARY: 00160	RENAL NETWORK: 17
PROVIDER NO: 182512	TRAINING:	CROSS-REFER NO:	PHONE:(606)278-0357
JEWISH HOSP	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 090176	HCFA REGION: 04
217 E CHESTNUT ST	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 008
LOUISVILLE, KY 40202	SELF-CARE:	INTERMEDIARY: 00160	RENAL NETWORK: 17
PROVIDER NO: 180040	TRAINING:	CROSS-REFER NO:182302	PHONE:(502)587-4316
U OF LOUISVILLE RENAL DIALYSIS UNIT	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090176	HCFA REGION: 04
500 S FLOYD	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 021
LOUISVILLE, KY 40292	SELF-CARE:	INTERMEDIARY: 00160	RENAL NETWORK: 17
PROVIDER NO: 182501	TRAINING: HEMO PERI CAPD CCPD	CROSS-REFER NO:	PHONE:(502)588-5757

STATE=KENTUCKY CONTINUED

TROVER CLIN FOUNDATION RENAL DIALYSIS	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 092078	HCFA REGION: 04
638 N FRANKLIN ST	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 006
MADISONVILLE, KY 42431	SELF-CARE:	INTERMEDIARY: 00160	RENAL NETWORK: 17
PROVIDER NO: 182506	TRAINING: CAPD	CROSS-REFER NO:	PHONE:(502)821-5153
DIALYSIS CLINIC INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 040780	HCFA REGION: 04
445 CLINIC DR	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 008
MOREHEAD, KY 40351	SELF-CARE:	INTERMEDIARY: 00160	RENAL NETWORK: 17
PROVIDER NO: 182509	TRAINING:	CROSS-REFER NO:	PHONE:(606)783-1591
OWENSBORO-DAVIESS CO HOSP-	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 090176	HCFA REGION: 04
1101 PEARL ST,P.O. BOX 1099	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 006
OWENSBORO, KY 42301	SELF-CARE:	INTERMEDIARY: 00160	RENAL NETWORK: 17
PROVIDER NO: 180038	TRAINING: CAPD	CROSS-REFER NO:182301	PHONE:(502)926-3030
LOURDES HOSP	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 090176	HCFA REGION: 04
1530 LONE OAK ROAD	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 006
PADUCAH, KY 42001	SELF-CARE:	INTERMEDIARY: 00160	RENAL NETWORK: 17
PROVIDER NO: 180102	TRAINING: CAPD	CROSS-REFER NO:182306	PHONE:(502)444-2444
HIGHLANDS DIALYSIS FACILITY	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 040279	HCFA REGION: 04
U.S. 23 NORTH,RIVERVIEW BLDG	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 010
PRESTONBURG, KY 41653	SELF-CARE:	INTERMEDIARY: 00160	RENAL NETWORK: 17
PROVIDER NO: 182507	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(606)886-3893

STATE=LOUISIANA

BMA OF ALEXANDRIA INC.	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 083177	HCFA REGION: 06
405 THIRD ST	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 024
ALEXANDRIA, LA 71301	SELF-CARE: HEMO	INTERMEDIARY: 00170	RENAL NETWORK: 12
PROVIDER NO: 192503	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(318)487-1055
EARL K LONG HOSPITAL	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 083177	HCFA REGION: 06
5825 AIRLINE HIGHWAY	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 003
BATON ROUGE, LA 70805	SELF-CARE:	INTERMEDIARY: 00170	RENAL NETWORK: 12
PROVIDER NO: 190122	TRAINING:	CROSS-REFER NO:192309	PHONE:(504)358-1003
BIO-MEDICAL APPLICATIONS-BATON ROUGE	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 083177	HCFA REGION: 06
524 COLONIAL DR	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 024
BATON ROUGE, LA 70806	SELF-CARE:	INTERMEDIARY: 00170	RENAL NETWORK: 12
PROVIDER NO: 192501	TRAINING:	CROSS-REFER NO:	PHONE:(504)927-3313
BMA OF BATON ROUGE-CENTRAL	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 061582	HCFA REGION: 06
5348 FLANDERS DR	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 012
BATON ROUGE, LA 70809	SELF-CARE:	INTERMEDIARY: 00170	RENAL NETWORK: 12
PROVIDER NO: 192524	TRAINING:	CROSS-REFER NO:	PHONE:(504)766-5044
BIO-MEDICAL APPLICATIONS AIRPORT INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 082086	HCFA REGION: 06
12226 PLANK RD	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 014
BATON ROUGE, LA 70811	SELF-CARE:	INTERMEDIARY: 00170	RENAL NETWORK: 12
PROVIDER NO: 192539	TRAINING:	CROSS-REFER NO:	PHONE:(504)774-4164
WASHINGTON PARISH DIALYSIS CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 070178	HCFA REGION: 06
410 AVENUE B	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 008
BOGALUSA, LA 70427	SELF-CARE:	INTERMEDIARY: 00170	RENAL NETWORK: 12
PROVIDER NO: 192508	TRAINING:	CROSS-REFER NO:	PHONE:(504)732-4522
BOGALUSA KIDNEY CARE	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 111286	HCFA REGION: 06
2108 SOUTH AVE F	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 006
BOGALUSA, LA 70427	SELF-CARE:	INTERMEDIARY: 00170	RENAL NETWORK: 12
PROVIDER NO: 192540	TRAINING:	CROSS-REFER NO:	PHONE:(504)735-7810
BOSSIER REGIONAL DIALYSIS CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 032884	HCFA REGION: 06
1514 DOCTORS DR	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 010
BOSSIER CITY, LA 71111	SELF-CARE:	INTERMEDIARY: 00170	RENAL NETWORK: 12
PROVIDER NO: 192532	TRAINING:	CROSS-REFER NO:	PHONE:(318)746-8440
CHALMETTE DIALYSIS CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 041381	HCFA REGION: 06
4020 PARIS RD	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 012
CHALMETTE, LA 70043	SELF-CARE:	INTERMEDIARY: 00170	RENAL NETWORK: 12
PROVIDER NO: 192515	TRAINING: HEMO	CROSS-REFER NO:	PHONE:(504)277-8423
NORTHLAKE DIALYSIS CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 010686	HCFA REGION: 06
1131 S TYLER ST, UNIT 10	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 008
COVINGTON, LA 70433	SELF-CARE: HEMO PERI	INTERMEDIARY: 00170	RENAL NETWORK: 12
PROVIDER NO: 192536	TRAINING: HEMO PERI	CROSS-REFER NO:	PHONE:(504)893-2011
CROWLEY DIALYSIS CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 022186	HCFA REGION: 06
625 EAST 8TH ST	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 010
CROWLEY, LA 70526	SELF-CARE:	INTERMEDIARY: 00170	RENAL NETWORK: 12
PROVIDER NO: 192538	TRAINING:	CROSS-REFER NO:	PHONE:(318)783-0013

STATE=LOUISIANA CONTINUED

RIVERSIDE MEDICAL CTR	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 080784	HCFA REGION: 06
ENON HIGHWAY-BOX 528	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 005
FRANKLINTON, LA 70438	SELF-CARE:	INTERMEDIARY: 00170	RENAL NETWORK: 12
PROVIDER NO: 190049	TRAINING:	CROSS-REFER NO:192319	PHONE:(504)839-4431
FLORIDA PARISHES ART KIDNEY CTR	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 083177	HCFA REGION: 06
RT 1 CLUB DELUXE,#104 PROF PL	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 010
HAMMOND, LA 70401	SELF-CARE: HEMO PERI	INTERMEDIARY: 00170	RENAL NETWORK: 12
PROVIDER NO: 192505	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:	PHONE:(504)524-4907
BIO MED APPLICATIONS OF MARRERO INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 010682	HCFA REGION: 06
3714-2 WESTBANK EXPRESSWAY	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 006
HARVEY, LA 70058	SELF-CARE:	INTERMEDIARY: 00170	RENAL NETWORK: 12
PROVIDER NO: 192521	TRAINING:	CROSS-REFER NO:	PHONE:(504)348-1845
OCHNER CLINIC HOUMA & BAYOU AREA	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 110178	HCFA REGION: 06
903 PICONE RD	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 012
HOUMA, LA 70360	SELF-CARE:	INTERMEDIARY: 00170	RENAL NETWORK: 12
PROVIDER NO: 192509	TRAINING:	CROSS-REFER NO:	PHONE:(504)868-8187
DIALYSIS CENTER OF KENNER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 021183	HCFA REGION: 06
2226 WILLIAMS BLVD #201	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 006
KENNER, LA 70062	SELF-CARE:	INTERMEDIARY: 00170	RENAL NETWORK: 12
PROVIDER NO: 192528	TRAINING:	CROSS-REFER NO:	PHONE:(504)466-8083
KENNER RENAL CENTER INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 011685	HCFA REGION: 06
200 W ESPLANADE AVE #412	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 006
KENNER, LA 70065	SELF-CARE:	INTERMEDIARY: 00170	RENAL NETWORK: 12
PROVIDER NO: 192534	TRAINING:	CROSS-REFER NO:	PHONE:(504)887-3015
UNIVERSITY MEDICAL CENTER	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 071183	HCFA REGION: 06
2390 WEST CONGRESS	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 004
LAFAYETTE, LA 70502	SELF-CARE:	INTERMEDIARY: 00170	RENAL NETWORK: 12
PROVIDER NO: 190006	TRAINING:	CROSS-REFER NO:192316	PHONE:(318)261-6155
ACADIANA ARTIFICIAL KIDNEY CTR	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 083177	HCFA REGION: 06
300 W ST MARY ST	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 021
LAFAYETTE, LA 70506	SELF-CARE: HEMO	INTERMEDIARY: 00170	RENAL NETWORK: 12
PROVIDER NO: 192504	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(318)233-6593
ST PATRICK HOSP OF LAKE CHARLES	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 083177	HCFA REGION: 06
524 S RYAN	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 012
LAKE CHARLES, LA 70601	SELF-CARE:	INTERMEDIARY: 00170	RENAL NETWORK: 12
PROVIDER NO: 190027	TRAINING: CAPD	CROSS-REFER NO:192303	PHONE:(318)436-2511
KIDNEY KARE OF LAPLACE	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 040580	HCFA REGION: 06
925 BELLE TERRE DR,P.O. BOX 189	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 006
LAPLACE, LA 70069	SELF-CARE:	INTERMEDIARY: 00170	RENAL NETWORK: 12
PROVIDER NO: 192513	TRAINING:	CROSS-REFER NO:	PHONE:(504)652-7316
ST CHARLES PARISH DIALYSIS CTR	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 062382	HCFA REGION: 06
924 LAGARDE STREET	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 006
LULING, LA 70070	SELF-CARE: HEMO PERI	INTERMEDIARY: 00170	RENAL NETWORK: 12
PROVIDER NO: 192526	TRAINING: HEMO PERI	CROSS-REFER NO:	PHONE:(504)785-2045

STATE=LOUISIANA CONTINUED

WEST JEFFERSON DIALYSIS CENTER INC 4907 WICHERS DR MARRERO, LA 70072 PROVIDER NO: 192520	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 011082 OWNERSHIP: PROFIT INTERMEDIARY: 00170 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 004 RENAL NETWORK: 12 PHONE:(504)348-3900
BMA OF METAIRIE INC 3939 HOUMA BLVD-SUITE 6 METAIRIE, LA 70002 PROVIDER NO: 192511	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 022280 OWNERSHIP: PROFIT INTERMEDIARY: 00170 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 011 RENAL NETWORK: 12 PHONE:(504)455-5535
NORTHERN LOUISIANA DIALYSIS CENTER 711 WOOD ST MONROE, LA 71210 PROVIDER NO: 192510	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO PERI CAPD	DATE APPROVED: 021080 OWNERSHIP: PROFIT INTERMEDIARY: 00170 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 025 RENAL NETWORK: 12 PHONE:(318)323-8847
ST MARY PARISH DIALYSIS INC 1100 MARGUERITE ST MORGAN CITY, LA 70380 PROVIDER NO: 192517	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 071881 OWNERSHIP: PROFIT INTERMEDIARY: 00170 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 005 RENAL NETWORK: 12 PHONE:(504)385-4944
ASSUMPTION GEN ARTIFICIAL KIDNEY CTR P.O. BOX 817 NAPOLEONVILLE, LA 70390 PROVIDER NO: 192502	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI	DATE APPROVED: 083177 OWNERSHIP: PROFIT INTERMEDIARY: 00170 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 010 RENAL NETWORK: 12 PHONE:(504)369-6171
NATCHITOCHES DIALYSIS FACILITY 581 KEYSER AVE-BOX 2042 NATCHITECHES, LA 71457 PROVIDER NO: 192525	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 060682 OWNERSHIP: PROFIT INTERMEDIARY: 00170 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 010 RENAL NETWORK: 12 PHONE:(318)221-8496
BAYOU TECHE KIDNEY CENTER 101 E MAIN ST NEW IBERIA, LA 70560 PROVIDER NO: 192522	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI	DATE APPROVED: 082582 OWNERSHIP: PROFIT INTERMEDIARY: 00170 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 012 RENAL NETWORK: 12 PHONE:(318)364-1185
CHARITY HOSP OF NEW ORLEANS 1532 TULANE AVE NEW ORLEANS, LA 70140 PROVIDER NO: 190005	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO	DATE APPROVED: 031684 OWNERSHIP: NONPROFIT INTERMEDIARY: 00170 CROSS-REFER NO:192300	HCFA REGION: 06 TOTAL STATIONS: 011 RENAL NETWORK: 12 PHONE:(504)568-3601
HOTEL DIEU HOSP 2021 PERDIDO ST NEW ORLEANS, LA 70112 PROVIDER NO: 190035	FACILITY TYPE: TRANSPLANT ONLY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 100184 OWNERSHIP: NONPROFIT INTERMEDIARY: 00170 CROSS-REFER NO:192304	HCFA REGION: 06 TOTAL STATIONS: 004 RENAL NETWORK: 12 PHONE:(504)588-3189
ALTON OCHSNER MEDICAL FOUNDATION 1516 JEFFERSON HWY NEW ORLEANS, LA 70121 PROVIDER NO: 190036	FACILITY TYPE: TRANSPLANT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 082284 OWNERSHIP: NONPROFIT INTERMEDIARY: 00170 CROSS-REFER NO:192318	HCFA REGION: 06 TOTAL STATIONS: 000 RENAL NETWORK: 12 PHONE:(504)838-3306
TOURO INFIRMARY 1401 FOUCHER ST NEW ORLEANS, LA 70115 PROVIDER NO: 190046	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPD	DATE APPROVED: 083177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00170 CROSS-REFER NO:192306	HCFA REGION: 06 TOTAL STATIONS: 014 RENAL NETWORK: 12 PHONE:(504)897-8530

STATE=LOUISIANA CONTINUED

SOUTHERN BAPTIST HOSPITAL	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 083177	HCFA REGION: 06
2700 NAPOLEON AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 018
NEW ORLEANS, LA 70115	SELF-CARE: HEMO	INTERMEDIARY: 00170	RENAL NETWORK: 12
PROVIDER NO: 190135	TRAINING: HEMO CAPD	CROSS-REFER NO:192311	PHONE:(504)899-9311
ST CHARLES GENERAL HOSPITAL	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 083177	HCFA REGION: 06
3700 ST CHARLES AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 004
NEW ORLEANS, LA 70115	SELF-CARE:	INTERMEDIARY: 52280	RENAL NETWORK: 12
PROVIDER NO: 190158	TRAINING:	CROSS-REFER NO:192312	PHONE:(504)899-7441
TULANE MEDICAL CTR HOSP	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 042479	HCFA REGION: 06
1430 TULANE AVE RM 8700	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 003
NEW ORLEANS, LA 70112	SELF-CARE:	INTERMEDIARY: 00170	RENAL NETWORK: 12
PROVIDER NO: 190176	TRAINING: PERI CAPD	CROSS-REFER NO:192314	PHONE:(504)588-5471
GREATER NEW ORLEANS ART KIDNEY CTR.	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 083177	HCFA REGION: 06
2000 TULANE AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 025
NEW ORLEANS, LA 70112	SELF-CARE: HEMO	INTERMEDIARY: 00170	RENAL NETWORK: 12
PROVIDER NO: 192500	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(504)581-6227
WESTBANK CHRONIC RENAL CTR	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 011978	HCFA REGION: 06
4422 GENERAL MEYER AVE,SUITE 103	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 012
NEW ORLEANS, LA 70114	SELF-CARE:	INTERMEDIARY: 00170	RENAL NETWORK: 12
PROVIDER NO: 192507	TRAINING: CAPD	CROSS-REFER NO:	PHONE:(504)366-0808
BIO MED APPLICATIONS OF NEW ORLEANS E	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 040481	HCFA REGION: 06
7500 BULLARD AVE SUITE 14A	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 010
NEW ORLEANS, LA 70128	SELF-CARE:	INTERMEDIARY: 00170	RENAL NETWORK: 12
PROVIDER NO: 192516	TRAINING:	CROSS-REFER NO:	PHONE:(504)245-1032
TRI-PARISH CHRONIC RENAL CTR	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 033182	HCFA REGION: 06
2359 ST CLAUDE AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 012
NEW ORLEANS, LA 70117	SELF-CARE: HEMO PERI	INTERMEDIARY: 00170	RENAL NETWORK: 12
PROVIDER NO: 192523	TRAINING: HEMO PERI	CROSS-REFER NO:	PHONE:(504)943-1297
MID-CITY DIALYSIS CTR	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 072082	HCFA REGION: 06
319 NORTH GENOIS ST #112	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 006
NEW ORLEANS, LA 70119	SELF-CARE:	INTERMEDIARY: 00170	RENAL NETWORK: 12
PROVIDER NO: 192527	TRAINING: HEMO	CROSS-REFER NO:	PHONE:(504)455-4994
KIDNEY CARE OF NEW ORLEANS	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 031883	HCFA REGION: 06
2123 MAGAZINE ST	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 008
NEW ORLEANS, LA 70130	SELF-CARE:	INTERMEDIARY: 00170	RENAL NETWORK: 12
PROVIDER NO: 192529	TRAINING:	CROSS-REFER NO:	PHONE:(504)524-1131
OCHSNER CLINIC DIALYSIS CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 111083	HCFA REGION: 06
1514 JEFFERSON HIGHWAY	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 011
NEW ORLEANS, LA 70121	SELF-CARE:	INTERMEDIARY: 00170	RENAL NETWORK: 12
PROVIDER NO: 192531	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:	PHONE:(504)838-4002
ST CLAUDE DIALYSIS CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 111584	HCFA REGION: 06
2435 ST CLAUDE AVE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 008
NEW ORLEANS, LA 70117	SELF-CARE: HEMO PERI	INTERMEDIARY: 00170	RENAL NETWORK: 12
PROVIDER NO: 192533	TRAINING: HEMO PERI	CROSS-REFER NO:	PHONE:(504)949-0194

STATE=LOUISIANA CONTINUED

OPELOUSAS ARTIFICIAL KIDNEY CTR 1207 CHOCTAW OPELOUSAS, LA 70570 PROVIDER NO: 192518	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI	DATE APPROVED: 090281 OWNERSHIP: PROFIT INTERMEDIARY: 00170 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 017 RENAL NETWORK: 12 PHONE:(318)948-1550
SCHUMPERT MEDICAL CENTER 915 MARGARET PLACE SHREVEPORT, LA 71120 PROVIDER NO: 190041	FACILITY TYPE: TRANSPLANT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 070284 OWNERSHIP: NONPROFIT INTERMEDIARY: 00170 CROSS-REFER NO:192317	HCFA REGION: 06 TOTAL STATIONS: 000 RENAL NETWORK: 12 PHONE:(318)227-4500
LOUISIANA STATE UNIV. HOSP. 1541 KINGS HIGHWAY SHREVEPORT, LA 71102 PROVIDER NO: 190098	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 083177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00170 CROSS-REFER NO:192307	HCFA REGION: 06 TOTAL STATIONS: 010 RENAL NETWORK: 12 PHONE:(318)674-5000
WILLIS KNIGHTON MEDICAL CENTER 2600 GREENWOOD RD SHREVEPORT, LA 71103 PROVIDER NO: 190111	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPD	DATE APPROVED: 083177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00170 CROSS-REFER NO:192308	HCFA REGION: 06 TOTAL STATIONS: 009 RENAL NETWORK: 12 PHONE:(318)227-4600
SHREVEPORT REGIONAL DIALYSIS CENTER 2121 FAIRFIELD AVE,SUITE 160 SHREVEPORT, LA 71104 PROVIDER NO: 192512	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 022080 OWNERSHIP: PROFIT INTERMEDIARY: 00170 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 018 RENAL NETWORK: 12 PHONE:(318)227-9765
DIALYSIS CENTER OF SHREVEPORT 3921 SOUTHERN AVE SHREVEPORT, LA 71106 PROVIDER NO: 192530	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 070883 OWNERSHIP: PROFIT INTERMEDIARY: 00170 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 014 RENAL NETWORK: 12 PHONE:(318)869-3016
ST TAMMANY PARISH RENAL CENTER 1412 CORPORATE SQUARE SLIDELL, LA 70458 PROVIDER NO: 192514	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 110380 OWNERSHIP: PROFIT INTERMEDIARY: 00170 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 008 RENAL NETWORK: 12 PHONE:(504)649-0928
ST TAMMANY PARISH DIALYSIS CENTER 1341 12TH ST SLIDELL, LA 70458 PROVIDER NO: 192519	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 101581 OWNERSHIP: PROFIT INTERMEDIARY: 00170 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 008 RENAL NETWORK: 12 PHONE:(504)649-6910
OCHSNER CLINIC OF THIBODAUX 406 N ACADIA RD THIBODAUX, LA 70301 PROVIDER NO: 192535	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 040285 OWNERSHIP: PROFIT INTERMEDIARY: 00170 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 010 RENAL NETWORK: 12 PHONE:(504)448-2527
BAYOU LAFOURCHE DIALYSIS CENTER 602 N ACADIA RD THIBODAUX, LA 70302 PROVIDER NO: 192537	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 020386 OWNERSHIP: PROFIT INTERMEDIARY: 00170 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 006 RENAL NETWORK: 12 PHONE:(504)447-5500

STATE=MAINE

EASTERN MAINE MED CTR	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 083177	HCFA REGION: 01
489 STATE ST	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 014
BANGOR, ME 04401	SELF-CARE:	INTERMEDIARY: 00180	RENAL NETWORK: 28
PROVIDER NO: 200033	TRAINING: HEMO CAPD CCPD	CROSS-REFER NO:202301	PHONE:(207)947-3711
LEWISTON/AUBURN KIDNEY CTR	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 110184	HCFA REGION: 01
707 MAIN ST	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 010
LEWISTON, ME 04240	SELF-CARE:	INTERMEDIARY: 00180	RENAL NETWORK: 28
PROVIDER NO: 202501	TRAINING: HEMO	CROSS-REFER NO:	PHONE:(207)774-5985
MAINE MEDICAL CENTER	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 083177	HCFA REGION: 01
22 BRAMHALL ST	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 003
PORTLAND, ME 04102	SELF-CARE:	INTERMEDIARY: 00180	RENAL NETWORK: 28
PROVIDER NO: 200009	TRAINING: HEMO PERI CAPD CCPD	CROSS-REFER NO:202300	PHONE:(207)871-2417
SOUTHERN MAINE DIALYSIS FACILITY	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 101777	HCFA REGION: 01
66 BRAMHALL ST-BOX 8480	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 021
PORTLAND, ME 04104	SELF-CARE:	INTERMEDIARY: 00180	RENAL NETWORK: 28
PROVIDER NO: 202500	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(207)775-9585
MID-MAINE MEDICAL CENTER	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 083177	HCFA REGION: 01
CHASE AVENUE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 008
WATERVILLE, ME 04901	SELF-CARE:	INTERMEDIARY: 00180	RENAL NETWORK: 28
PROVIDER NO: 200039	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:202302	PHONE:(207)873-0621

STATE=MARIANA ISLANDS

HEMODIALYSIS UNIT-DR TORRES HOSPITAL	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 092683	HCFA REGION: 09
VILLAGE OF A S TERLAJE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 005
SAIPAN,MARIANA ISL, CM 96950	SELF-CARE:	INTERMEDIARY: 17120	RENAL NETWORK: 01
PROVIDER NO: 662500	TRAINING:	CROSS-REFER NO:	PHONE:(111)671-7956

STATE=MARYLAND

BIO-MEDICAL APPLICATIONS 203 RIDGELY ROAD ANNAPOLIS, MD 21401 PROVIDER NO: 212509	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING:	DATE APPROVED: 050178 OWNERSHIP: PROFIT INTERMEDIARY: 00080 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 010 RENAL NETWORK: 31 PHONE:(301)267-0754
UNIV OF MD MEDICAL SYSTEM 22 S GREENE ST BALTIMORE, MD 21201 PROVIDER NO: 210002	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00190 CROSS-REFER NO:212300	HCFA REGION: 03 TOTAL STATIONS: 006 RENAL NETWORK: 31 PHONE:(301)528-6294
JOHNS HOPKINS HOSP 601 N BROADWAY BALTIMORE, MD 21205 PROVIDER NO: 210009	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00190 CROSS-REFER NO:212301	HCFA REGION: 03 TOTAL STATIONS: 006 RENAL NETWORK: 31 PHONE:(301)955-5618
BON SECOURS HOSP 1940 W BALTIMORE ST BALTIMORE, MD 21223 PROVIDER NO: 210013	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 051680 OWNERSHIP: NONPROFIT INTERMEDIARY: 00190 CROSS-REFER NO:212309	HCFA REGION: 03 TOTAL STATIONS: 019 RENAL NETWORK: 31 PHONE:(301)566-2700
FRANCIS SCOTT KEY MEDICAL CTR 4940 EASTERN AVENUE BALTIMORE, MD 21224 PROVIDER NO: 210029	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00190 CROSS-REFER NO:212305	HCFA REGION: 03 TOTAL STATIONS: 027 RENAL NETWORK: 31 PHONE:(301)396-9067
MARYLAND GEN HOSP-DIALYSIS CTR 827 LINDEN AVE BALTIMORE, MD 21201 PROVIDER NO: 210038	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: PERI TRAINING: PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00190 CROSS-REFER NO:212304	HCFA REGION: 03 TOTAL STATIONS: 006 RENAL NETWORK: 31 PHONE:(301)728-7900
GOOD SAMARITAN HOSP-ESRD 5601 LOCH RAVEN BLVD BALTIMORE, MD 21239 PROVIDER NO: 210056	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: PERI CAPD CCPD	DATE APPROVED: 070178 OWNERSHIP: NONPROFIT INTERMEDIARY: 00190 CROSS-REFER NO:212306	HCFA REGION: 03 TOTAL STATIONS: 020 RENAL NETWORK: 31 PHONE:(301)323-2200
MASON F LORD DIALYSIS UNIT 4940 EASTERN AVE BALTIMORE, MD 21224 PROVIDER NO: 210902	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00190 CROSS-REFER NO:212303	HCFA REGION: 03 TOTAL STATIONS: 012 RENAL NETWORK: 31 PHONE:(*) -
LOUIS J KOLODNER DIALYSIS UNIT 803 NORTH EUTAW STREET BALTIMORE, MD 21201 PROVIDER NO: 212504	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO	DATE APPROVED: 090177 OWNERSHIP: PROFIT INTERMEDIARY: 00190 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 022 RENAL NETWORK: 31 PHONE:(301)728-8877
ROTUNDA CTR FOR INDEPENDENT DIALYSIS 733 W 40TH ST RM 101 BALTIMORE, MD 21211 PROVIDER NO: 212513	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 041681 OWNERSHIP: NONPROFIT INTERMEDIARY: 00190 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 010 RENAL NETWORK: 31 PHONE:(301)366-5400
UNIV SQUARE-DIALYSIS FACILITY 11 S. PACA ST BALTIMORE, MD 21201 PROVIDER NO: 212515	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: PERI CAPD CCPD	DATE APPROVED: 021782 OWNERSHIP: PROFIT INTERMEDIARY: 00190 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 025 RENAL NETWORK: 31 PHONE:(301)528-5720

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CHESAPEAKE-KEY DIALYSIS FACILITY 4940 EASTERN AVE-COMM SERV CTR BALTIMORE, MD 21224 PROVIDER NO: 212521	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: PERI SELF-CARE: PERI TRAINING: PERI	DATE APPROVED: 111385 OWNERSHIP: NONPROFIT INTERMEDIARY: 00190 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 002 RENAL NETWORK: 31 PHONE:(301)342-7300
DOWNTOWN DIALYSIS CENTER 822 LINDEN AVE BALTIMORE, MD 21201 PROVIDER NO: 212522	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 102486 OWNERSHIP: PROFIT INTERMEDIARY: 00190 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 016 RENAL NETWORK: 31 PHONE:(301)225-8480
OCEAN CITY DIALYSIS SERVICES, INC. RTS 50 & 113 S,RT 3 BOX 12 BERLIN, MD 21811 PROVIDER NO: 212520	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 101485 OWNERSHIP: PROFIT INTERMEDIARY: 00190 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 003 RENAL NETWORK: 31 PHONE:(301)641-4747
BIO-MEDICAL APPLICATIONS OF WASHINGTON 4905 DEL RAY AVE BETHESDA, MD 20814 PROVIDER NO: 212503	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: PROFIT INTERMEDIARY: 00080 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 031 RENAL NETWORK: 23 PHONE:(301)652-2552
PRINCE GEORGES GENERAL HOSPITAL 1 HOSPITAL DR CHEVERLY, MD 20785 PROVIDER NO: 210003	FACILITY TYPE: INPATIENT ONLY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 061182 OWNERSHIP: NONPROFIT INTERMEDIARY: 00080 CROSS-REFER NO:212311	HCFA REGION: 03 TOTAL STATIONS: 008 RENAL NETWORK: 23 PHONE:(301)341-2100
HOWARD COUNTY DIALYSIS FACILITY 11085 LITTLE PATUXENT PARKWAY COLUMBIA, MD 21044 PROVIDER NO: 212516	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: PERI CAPD CCPD	DATE APPROVED: 102582 OWNERSHIP: PROFIT INTERMEDIARY: 00190 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 009 RENAL NETWORK: 31 PHONE:(301)997-4244
MEMORIA HOSP : MEDICAL CTR CUMBERLAND 600 MEMORIAL AVE CUMBERLAND, MD 21502 PROVIDER NO: 210025	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00190 CROSS-REFER NO:212302	HCFA REGION: 03 TOTAL STATIONS: 009 RENAL NETWORK: 31 PHONE:(301)774-4000
MID-SHORE DIALYSIS CTR RTE 3 BOX 107 DUTCHMAN'S LANE EASTON, MD 21601 PROVIDER NO: 212512	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 010281 OWNERSHIP: PROFIT INTERMEDIARY: 00190 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 016 RENAL NETWORK: 31 PHONE:(301)822-9114
FREDERICK DIALYSIS CENTER 186 THOMAS JOHNSON DR-SUITE 100 FREDERICK, MD 21701 PROVIDER NO: 212518	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 050784 OWNERSHIP: PROFIT INTERMEDIARY: 52280 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 006 RENAL NETWORK: 31 PHONE:(301)424-3633
BON SECOURS DIALYSIS CENTER 120 N LANGLEY RD GLEN BURNIE, MD 21061 PROVIDER NO: 212519	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 021185 OWNERSHIP: NONPROFIT INTERMEDIARY: 00190 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 011 RENAL NETWORK: 31 PHONE:(301)760-7100
WESTERN MARYLAND CENTER 1500 PENNSYLVANIA AVE HAGERSTOWN, MD 21740 PROVIDER NO: 212507	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00190 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 016 RENAL NETWORK: 31 PHONE:(301)791-4400

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CHESAPEAKE KIDNEY CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 062083	HCFA REGION: 03
626 TOWNE CENTER DRIVE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 010
JOPPATOWN, MD 21085	SELF-CARE:	INTERMEDIARY: 00190	RENAL NETWORK: 31
PROVIDER NO: 212517	TRAINING: CAPD	CROSS-REFER NO:	PHONE:(301)679-1600
DOCTORS HOSP OF PRINCE GEORGES CO	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 012280	HCFA REGION: 03
8118 GOOD LUCK RD	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 013
LANHAM, MD 20706	SELF-CARE:	INTERMEDIARY: 00080	RENAL NETWORK: 23
PROVIDER NO: 210051	TRAINING: HEMO CAPD CCPD	CROSS-REFER NO:212307	PHONE:(301)552-9400
BMA OF LAUREL	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090177	HCFA REGION: 03
9811 MALLARD DR #106	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 008
LAUREL, MD 20708	SELF-CARE: HEMO	INTERMEDIARY: 00080	RENAL NETWORK: 23
PROVIDER NO: 212506	TRAINING: HEMO PERI CAPD CCPD	CROSS-REFER NO:	PHONE:(301)953-3070
CENTRAL MARYLAND KIDNEY CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 070781	HCFA REGION: 03
1818 POT SPRINGS RD	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 018
LUTHERVILLE, MD 21093	SELF-CARE:	INTERMEDIARY: 00190	RENAL NETWORK: 31
PROVIDER NO: 212514	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(301)628-6211
BMA OF NEW MARKET	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 011180	HCFA REGION: 03
NEW MARKET PLAZA RR4 BOX 262	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 009
MECHANICSVILLE, MD 20659	SELF-CARE:	INTERMEDIARY: 00080	RENAL NETWORK: 23
PROVIDER NO: 212510	TRAINING: HEMO CAPD CCPD	CROSS-REFER NO:	PHONE:(301)870-2174
SHADY GROVE DIALYSIS CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 033180	HCFA REGION: 03
14915 BROSCHART RD #1002	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 008
ROCKVILLE, MD 20850	SELF-CARE: HEMO	INTERMEDIARY: 52280	RENAL NETWORK: 23
PROVIDER NO: 212511	TRAINING: HEMO CAPD CCPD	CROSS-REFER NO:	PHONE:(301)926-0400
DEERS HEAD CENTER RENAL DIALYSIS	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090177	HCFA REGION: 03
PO BOX 2018	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 018
SALISBURY, MD 21801	SELF-CARE:	INTERMEDIARY: 00190	RENAL NETWORK: 31
PROVIDER NO: 212508	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:	PHONE:(301)742-2164
HOLY CROSS HOSPITAL	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 012681	HCFA REGION: 03
1500 FOREST GLEN ROAD	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 010
SILVER SPRING, MD 20910	SELF-CARE:	INTERMEDIARY: 52280	RENAL NETWORK: 23
PROVIDER NO: 210004	TRAINING: HEMO PERI CAPD CCPD	CROSS-REFER NO:212310	PHONE:(301)565-1356
BMA OF CAMP SPRINGS	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090177	HCFA REGION: 03
4700 AUTH PLACE #200	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 031
SUITLAND, MD 20746	SELF-CARE:	INTERMEDIARY: 00080	RENAL NETWORK: 23
PROVIDER NO: 212501	TRAINING: HEMO PERI CAPD CCPD	CROSS-REFER NO:	PHONE:(301)423-5658

STATE=MASSACHUSETTS

N. SHORE REGIONAL KIDNEY DIALYSIS CTR	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 080577	HCFA REGION: 01
HERRICK & HEATHER STS	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 018
BEVERLY, MA 01915	SELF-CARE: HEMO	INTERMEDIARY: 00200	RENAL NETWORK: 28
PROVIDER NO: 220033	TRAINING: HEMO CAPD	CROSS-REFER NO:222302	PHONE:(617)922-3000
UNIVERSITY HOSP	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 090177	HCFA REGION: 01
75 E NEWTON ST	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 004
BOSTON, MA 02118	SELF-CARE:	INTERMEDIARY: 00200	RENAL NETWORK: 28
PROVIDER NO: 220031	TRAINING: HEMO PERI CAPD CCPD	CROSS-REFER NO:222301	PHONE:(617)247-5352
MASSACHUSETTS GENERAL HOSP	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 083177	HCFA REGION: 01
FRUIT ST	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 006
BOSTON, MA 02114	SELF-CARE:	INTERMEDIARY: 00200	RENAL NETWORK: 28
PROVIDER NO: 220071	TRAINING: PERI CAPD CCPD	CROSS-REFER NO:222306	PHONE:(617)726-2000
BETH ISRAEL HOSP	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 090177	HCFA REGION: 01
330 BROOKLINE AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 010
BOSTON, MA 02215	SELF-CARE:	INTERMEDIARY: 00200	RENAL NETWORK: 28
PROVIDER NO: 220086	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:222308	PHONE:(617)735-2147
BRIGHAM & WOMEN'S HOSP	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 080577	HCFA REGION: 01
75 FRANCIS ST	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 010
BOSTON, MA 02115	SELF-CARE:	INTERMEDIARY: 00200	RENAL NETWORK: 28
PROVIDER NO: 220110	TRAINING: PERI CAPD CCPD	CROSS-REFER NO:222309	PHONE:(617)732-6655
NEW ENGLAND MED CTR HOSP	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 080577	HCFA REGION: 01
171 HARRISON AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 005
BOSTON, MA 02111	SELF-CARE:	INTERMEDIARY: 00200	RENAL NETWORK: 28
PROVIDER NO: 220116	TRAINING: CAPD	CROSS-REFER NO:222310	PHONE:(617)956-5930
NEW ENGLAND DEACONESS HOSP	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 081177	HCFA REGION: 01
185 PILGRIM RD	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 012
BOSTON, MA 02215	SELF-CARE:	INTERMEDIARY: 00200	RENAL NETWORK: 28
PROVIDER NO: 220118	TRAINING: HEMO PERI CAPD CCPD	CROSS-REFER NO:222311	PHONE:(617)732-7000
THE CHILDRENS HOSPITAL	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 080577	HCFA REGION: 01
300 LONGWOOD AVE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 006
BOSTON, MA 02115	SELF-CARE:	INTERMEDIARY: 00200	RENAL NETWORK: 28
PROVIDER NO: 220122	TRAINING: PERI CAPD	CROSS-REFER NO:222312	PHONE:(617)735-6000
KIDNEY CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 080577	HCFA REGION: 01
1055 COMMONWEALTH AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 044
BOSTON, MA 02215	SELF-CARE:	INTERMEDIARY: 00200	RENAL NETWORK: 28
PROVIDER NO: 222500	TRAINING: HEMO PERI CAPD CCPD	CROSS-REFER NO:	PHONE:(617)254-9100
BMA OF BOSTON	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 010183	HCFA REGION: 01
2110 DORCHESTER AVE-SETON MED BL	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 011
BOSTON, MA 02124	SELF-CARE:	INTERMEDIARY: 00200	RENAL NETWORK: 28
PROVIDER NO: 222506	TRAINING: HEMO	CROSS-REFER NO:	PHONE:(617)522-8110
ST ELIZABETHS HOSP	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 081777	HCFA REGION: 01
736 CAMBRIDGE ST	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 009
BRIGHTON, MA 02135	SELF-CARE:	INTERMEDIARY: 00200	RENAL NETWORK: 28
PROVIDER NO: 220036	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:222303	PHONE:(617)782-7000

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BROCKTON DIALYSIS CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 031681	HCFA REGION: 01
375 WESTGATE DRIVE	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 025
BROCKTON, MA 02401	SELF-CARE:	INTERMEDIARY: 00200	RENAL NETWORK: 28
PROVIDER NO: 222505	TRAINING: HEMO PERI CAPD CCPD	CROSS-REFER NO:	PHONE:(617)586-2791
MARY & ARTHUR CLAPHAM HOSP-ESRD	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 022184	HCFA REGION: 01
41 MALL RD	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 006
BURLINGTON, MA 01803	SELF-CARE:	INTERMEDIARY: 00200	RENAL NETWORK: 28
PROVIDER NO: 220171	TRAINING: CAPD	CROSS-REFER NO:222313	PHONE:(617)273-5100
BURBANK SATELLITE DIALYSIS UNIT	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 022484	HCFA REGION: 01
NICHOLS RD	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 005
FITCHBURG, MA 01420	SELF-CARE:	INTERMEDIARY: 51220	RENAL NETWORK: 28
PROVIDER NO: 223502	TRAINING:	CROSS-REFER NO:	PHONE:(617)793-6265
BMA OF FRAMINGHAM	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 052780	HCFA REGION: 01
223 WALNUT ST	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 014
FRAMINGHAM, MA 01701	SELF-CARE:	INTERMEDIARY: 00200	RENAL NETWORK: 28
PROVIDER NO: 222504	TRAINING: HEMO	CROSS-REFER NO:	PHONE:(617)879-4144
FRANKLIN MEDICAL CTR.	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 103181	HCFA REGION: 01
164 HIGH ST	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 006
GREENFIELD, MA 01301	SELF-CARE:	INTERMEDIARY: 51220	RENAL NETWORK: 28
PROVIDER NO: 220016	TRAINING:	CROSS-REFER NO:222314	PHONE:(413)772-0211
ST JOSEPHS HOSP	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090176	HCFA REGION: 01
220 PAWTUCKET ST	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 009
LOWELL, MA 01854	SELF-CARE:	INTERMEDIARY: 00200	RENAL NETWORK: 28
PROVIDER NO: 220045	TRAINING: HEMO CAPD	CROSS-REFER NO:222304	PHONE:(617)453-1761
TRI-CITY DIALYSIS CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 072485	HCFA REGION: 01
29 FOREST ST	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 010
MEDFORD, MA 02155	SELF-CARE: HEMO PERI	INTERMEDIARY: 00200	RENAL NETWORK: 28
PROVIDER NO: 222507	TRAINING: PERI CAPD CCPD	CROSS-REFER NO:	PHONE:(*) -
MERRIMACK SATELLITE UNIT	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 011182	HCFA REGION: 01
21 UNION ST EXTENSION	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 008
MERRIMAC, MA 01860	SELF-CARE:	INTERMEDIARY: 00200	RENAL NETWORK: 28
PROVIDER NO: 223500	TRAINING:	CROSS-REFER NO:	PHONE:(617)346-9753
NANTUCKET COTTAGE HOSPITAL ESRD	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 103183	HCFA REGION: 01
SOUTH PROSPECT ST	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 001
NANTUCKET, MA 02554	SELF-CARE:	INTERMEDIARY: 00200	RENAL NETWORK: 28
PROVIDER NO: 220081	TRAINING:	CROSS-REFER NO:222315	PHONE:(617)228-1200
SOUTHEASTERN MASS DIALYSIS CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 051979	HCFA REGION: 01
1215 PURCHASE ST	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 012
NEW BEDFORD, MA 02740	SELF-CARE:	INTERMEDIARY: 00200	RENAL NETWORK: 28
PROVIDER NO: 222503	TRAINING: HEMO PERI CAPD CCPD	CROSS-REFER NO:	PHONE:(617)994-9692
BERKSHIRE MEDICAL CENTER	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 012478	HCFA REGION: 01
725 NORTH STREET	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 010
PITTSFIELD, MA 01201	SELF-CARE:	INTERMEDIARY: 51220	RENAL NETWORK: 28
PROVIDER NO: 220046	TRAINING: HEMO PERI CAPD CCPD	CROSS-REFER NO:222305	PHONE:(413)499-4161

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BAYSTATE MEDICAL CENTER	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 080177	HCFA REGION: 01
759 CHESTNUT ST	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 007
SPRINGFIELD, MA 01199	SELF-CARE:	INTERMEDIARY: 51220	RENAL NETWORK: 28
PROVIDER NO: 220077	TRAINING: HEMO CAPD CCPD	CROSS-REFER NO:222307	PHONE:(413)787-4370
BMA OF SPRINGFIELD	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 081077	HCFA REGION: 01
2000 MAIN ST	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 032
SPRINGFIELD, MA 01103	SELF-CARE:	INTERMEDIARY: 51070	RENAL NETWORK: 28
PROVIDER NO: 222502	TRAINING: HEMO PERI CAPD CCPD	CROSS-REFER NO:	PHONE:(413)739-5601
MEMORIAL HOSP	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 081077	HCFA REGION: 01
119 BELMONT ST	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 017
WORCESTER, MA 01605	SELF-CARE:	INTERMEDIARY: 51220	RENAL NETWORK: 28
PROVIDER NO: 220026	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:222300	PHONE:(617)793-6611
CAPE COD ARTIFICIAL KIDNEY CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 081577	HCFA REGION: 01
241 WILLOW STREET	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 016
YARMOUTH, MA 02675	SELF-CARE:	INTERMEDIARY: 00200	RENAL NETWORK: 28
PROVIDER NO: 222501	TRAINING: HEMO PERI CAPD CCPD	CROSS-REFER NO:	PHONE:(617)362-4535

STATE=MICHIGAN

GRATIOT COMMUNITY HOSPITAL	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 05
300 SOUTH WARWICK DRIVE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 010
ALMA, MI 48801	SELF-CARE:	INTERMEDIARY: 00210	RENAL NETWORK: 14
PROVIDER NO: 230030	TRAINING: HEMO CAPD	CROSS-REFER NO:232307	PHONE:(517)463-1101
UNIVERSITY HOSPITAL	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 090177	HCFA REGION: 05
1500 E MEDICAL CENTER	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 005
ANN ARBOR, MI 48109	SELF-CARE:	INTERMEDIARY: 00210	RENAL NETWORK: 14
PROVIDER NO: 230046	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:232309	PHONE:(313)763-3100
VA MEDICAL CENTER	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 093079	HCFA REGION: 05
2215 FULLER RD	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 012
ANN ARBOR, MI 48105	SELF-CARE:	INTERMEDIARY: 00080	RENAL NETWORK: 14
PROVIDER NO: 23011F	TRAINING: HEMO CAPD	CROSS-REFER NO:232317	PHONE:(313)769-7100
ST JOSEPH MERCY HOSPITAL	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 05
P O BOX 995 5301 E HURON RIVER D	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 004
ANN ARBOR, MI 48106	SELF-CARE:	INTERMEDIARY: 00210	RENAL NETWORK: 14
PROVIDER NO: 230156	TRAINING: HEMO CAPD	CROSS-REFER NO:232325	PHONE:(313)572-3456
COMMUNITY HOSPITAL ASS OF BATTLE	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 110177	HCFA REGION: 05
183 WEST STREET	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 006
BATTLE CREEK, MI 49016	SELF-CARE:	INTERMEDIARY: 50230	RENAL NETWORK: 14
PROVIDER NO: 230102	TRAINING:	CROSS-REFER NO:232329	PHONE:(616)963-5521
MERCY HOSP DIV SW MI HLTH CARE ASSOC	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 090177	HCFA REGION: 05
960 AGARD ST	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 010
BENTON HARBOR, MI 49022	SELF-CARE:	INTERMEDIARY: 00210	RENAL NETWORK: 14
PROVIDER NO: 230021	TRAINING:	CROSS-REFER NO:232304	PHONE:(616)927-5326
MERCY HOSPITAL	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 032480	HCFA REGION: 05
400 HOBART ST	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 005
CADILLAC, MI 49601	SELF-CARE:	INTERMEDIARY: 50230	RENAL NETWORK: 14
PROVIDER NO: 230081	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:	PHONE:(616)775-1331
WESTERN NEPHROLOGY SERVICES INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 110184	HCFA REGION: 05
274 EAST CHICAGO AVE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 006
COLDWATER, MI 49036	SELF-CARE:	INTERMEDIARY: 00210	RENAL NETWORK: 14
PROVIDER NO: 232508	TRAINING:	CROSS-REFER NO:	PHONE:(616)383-4825
CRYSTAL FALLS COMM HOSP	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 090177	HCFA REGION: 05
MICHIGAN AVE AND 3RD ST	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 003
CRYSTAL FALLS, MI 49920	SELF-CARE:	INTERMEDIARY: 00210	RENAL NETWORK: 07
PROVIDER NO: 230194	TRAINING:	CROSS-REFER NO:232326	PHONE:(906)875-6661
GREENFIELD HEALTH SYSTEMS CORP	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 101783	HCFA REGION: 05
19401 HUBBARD DR	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 018
DEARBORN, MI 48126	SELF-CARE: HEMO	INTERMEDIARY: 00210	RENAL NETWORK: 14
PROVIDER NO: 232507	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(313)593-8100
MT CARMEL MERCY HOSPITAL AND MED CTR	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 090177	HCFA REGION: 05
6071 W OUTER DR	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 013
DETROIT, MI 48235	SELF-CARE:	INTERMEDIARY: 00210	RENAL NETWORK: 14
PROVIDER NO: 230039	TRAINING: HEMO CAPD	CROSS-REFER NO:232308	PHONE:(313)927-7000

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HENRY FORD HOSPITAL	FACILITY TYPE: TRANSPLANT ONLY	DATE APPROVED: 101783	HCFA REGION: 05
2799 W GRAND BLVD	STAFF-ASSISTED:	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 000
DETROIT, MI 48202	SELF-CARE:	INTERMEDIARY: 00210	RENAL NETWORK: 14
PROVIDER NO: 230053	TRAINING:	CROSS-REFER NO:232310	PHONE:(313)876-7085
HUTZEL HOSPITAL	FACILITY TYPE: TRANSPLANT ONLY	DATE APPROVED: 122284	HCFA REGION: 05
4707 ST ANTOINE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 000
DETROIT, MI 48201	SELF-CARE:	INTERMEDIARY: 00210	RENAL NETWORK: 14
PROVIDER NO: 230076	TRAINING:	CROSS-REFER NO:232313	PHONE:(313)494-7145
SAMARITAN HEALTH CENTER	FACILITY TYPE: INPATIENT ONLY	DATE APPROVED: 090177	HCFA REGION: 05
5555 CONNERS ST	STAFF-ASSISTED:	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 000
DETROIT, MI 48213	SELF-CARE:	INTERMEDIARY: 00210	RENAL NETWORK: 14
PROVIDER NO: 230147	TRAINING:	CROSS-REFER NO:232323	PHONE:(313)824-3430
SAINT JOHN HOSP	FACILITY TYPE: INPATIENT ONLY	DATE APPROVED: 090380	HCFA REGION: 05
22101 MOROSS RD	STAFF-ASSISTED:	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 000
DETROIT, MI 48236	SELF-CARE:	INTERMEDIARY: 00210	RENAL NETWORK: 14
PROVIDER NO: 230165	TRAINING:	CROSS-REFER NO:	PHONE:(313)343-4000
CHILDRENS HOSP OF MICHIGAN	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 090177	HCFA REGION: 05
3901 BEAUBIEN	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 008
DETROIT, MI 48201	SELF-CARE:	INTERMEDIARY: 00210	RENAL NETWORK: 14
PROVIDER NO: 230240	TRAINING: PERI CAPD	CROSS-REFER NO:232328	PHONE:(313)494-5301
BIO-MEDICAL APPLICATION OF DETROIT	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090177	HCFA REGION: 05
4727 ST ANTOINE	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 043
DETROIT, MI 48201	SELF-CARE: HEMO	INTERMEDIARY: 00210	RENAL NETWORK: 14
PROVIDER NO: 232500	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(313)831-2510
ST CLAIR RENAL CEMTER CORP	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 041679	HCFA REGION: 05
22151 MOROSS RD SUITE G05	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 016
DETROIT, MI 48236	SELF-CARE:	INTERMEDIARY: 00210	RENAL NETWORK: 14
PROVIDER NO: 232503	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:	PHONE:(313)343-3996
GREENFIELD HEALTH SYSTEMS CORP-ESRD	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 101783	HCFA REGION: 05
2799 W GRAND BLVD	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 027
DETROIT, MI 48202	SELF-CARE: HEMO	INTERMEDIARY: 00210	RENAL NETWORK: 14
PROVIDER NO: 232505	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(313)876-7060
DEACONESS/SAMARITAN RENAL CTR	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 010281	HCFA REGION: 05
10201 E JEFFERSON	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 024
DETROIT, MI 48207	SELF-CARE:	INTERMEDIARY: 00210	RENAL NETWORK: 14
PROVIDER NO: 233503	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:	PHONE:(313)824-3430
HURLEY MEDICAL CENTER	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 090177	HCFA REGION: 05
1 HURLEY PLAZA	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 043
FLINT, MI 48502	SELF-CARE:	INTERMEDIARY: 00210	RENAL NETWORK: 14
PROVIDER NO: 230132	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:232322	PHONE:(313)766-0000
ST MARYS HOSP	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 090177	HCFA REGION: 05
200 JEFFERSON ST SE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 035
GRAND RAPIDS, MI 49503	SELF-CARE: HEMO PERI	INTERMEDIARY: 50230	RENAL NETWORK: 14
PROVIDER NO: 230059	TRAINING: HEMO PERI CAPD CCPD	CROSS-REFER NO:232312	PHONE:(616)774-6090

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DETROIT OSTEO HOSP	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 05
12523 3RD AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 010
HIGHLAND PARK, MI 48203	SELF-CARE:	INTERMEDIARY: 00210	RENAL NETWORK: 14
PROVIDER NO: 230150	TRAINING: HEMO	CROSS-REFER NO:232324	PHONE:(313)968-2800
VA MEDICAL CENTER	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 030682	HCFA REGION: 05
EAST H STREET	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 002
IRON MOUNTAIN, MI 49801	SELF-CARE:	INTERMEDIARY: 00080	RENAL NETWORK: 07
PROVIDER NO: 23005F	TRAINING: HEMO	CROSS-REFER NO:232331	PHONE:(906)774-3300
COMMUNITY DIALYSIS SVCS OF JACKSON	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 121780	HCFA REGION: 05
200 S EAST	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 007
JACKSON, MI 49201	SELF-CARE:	INTERMEDIARY: 00210	RENAL NETWORK: 14
PROVIDER NO: 232504	TRAINING: PERI CAPD	CROSS-REFER NO:	PHONE:(517)788-8727
BRONSON METHODIST HOSPITAL	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 05
252 EAST LOVELL STREET	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 010
KALAMAZOO, MI 49007	SELF-CARE: HEMO	INTERMEDIARY: 00210	RENAL NETWORK: 14
PROVIDER NO: 230017	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:232303	PHONE:(616)383-7654
BORGESS MED CTR	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 090177	HCFA REGION: 05
1521 GULL ROAD	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 019
KALAMAZOO, MI 49001	SELF-CARE:	INTERMEDIARY: 00210	RENAL NETWORK: 14
PROVIDER NO: 230117	TRAINING: HEMO CAPD	CROSS-REFER NO:232318	PHONE:(616)383-4825
EDWARD W SPARROW HOSIPAL	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 010183	HCFA REGION: 05
1215 E MICHIGAN AVENUE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 020
LANSING, MI 48911	SELF-CARE: HEMO PERI	INTERMEDIARY: 00210	RENAL NETWORK: 14
PROVIDER NO: 230230	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:232327	PHONE:(517)487-6111
ST MARY HOSPITAL	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 05
36475 FIVE MILE ROAD	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 007
LIVONIA, MI 48154	SELF-CARE:	INTERMEDIARY: 00210	RENAL NETWORK: 14
PROVIDER NO: 230002	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:232301	PHONE:(612)235-4543
MT CARMEL LIVONIA DIALYSIS CTR	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090177	HCFA REGION: 05
32423 SCHOOLCRAFT RD	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 015
LIVONIA, MI 48150	SELF-CARE:	INTERMEDIARY: 00210	RENAL NETWORK: 14
PROVIDER NO: 232501	TRAINING:	CROSS-REFER NO:	PHONE:(313)525-0780
MARQUETTE GENERAL HOSPITAL	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 05
420 W MAGNETIC ST	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 009
MARQUETTE, MI 48955	SELF-CARE: HEMO	INTERMEDIARY: 00210	RENAL NETWORK: 07
PROVIDER NO: 230054	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:232330	PHONE:(906)225-3266
MOUNT CLEMENS GENERAL HOSPITAL	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 05
1000 HARRINGTON BLVD	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 005
MOUNT CLEMENS, MI 48043	SELF-CARE:	INTERMEDIARY: 00210	RENAL NETWORK: 14
PROVIDER NO: 230227	TRAINING: CAPD	CROSS-REFER NO:	PHONE:(313)466-8090
MERCY HOSPITAL	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 05
1500 E SHERMAN BOULEVARD	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 014
MUSKEGON, MI 49443	SELF-CARE:	INTERMEDIARY: 50230	RENAL NETWORK: 14
PROVIDER NO: 230004	TRAINING: HEMO PERI CAPD CCPD	CROSS-REFER NO:232302	PHONE:(616)739-9341

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NORTHERN MICHIGAN HOSPITALS INC. 416 CONNABLE PETOSKY, MI 49770 PROVIDER NO: 230105	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00210 CROSS-REFER NO:232315	HCFA REGION: 05 TOTAL STATIONS: 013 RENAL NETWORK: 14 PHONE:(616)347-7373
ST CLAIR RENAL CENTER 2603 ELECTRIC, SUITE E PORT HURON, MI 48060 PROVIDER NO: 232509	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 112685 OWNERSHIP: PROFIT INTERMEDIARY: 00210 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 003 RENAL NETWORK: 14 PHONE:(313)343-3974
WILLIAM BEAUMONT HOSPITAL 3601 W 13 MILE ROAD ROYAL OAK, MI 48072 PROVIDER NO: 230130	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00210 CROSS-REFER NO:232321	HCFA REGION: 05 TOTAL STATIONS: 015 RENAL NETWORK: 14 PHONE:(313)288-8000
SAGINAW GENERAL HOSPITAL 1447 N HARRISON STREET SAGINAW, MI 48602 PROVIDER NO: 230122	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00210 CROSS-REFER NO:232319	HCFA REGION: 05 TOTAL STATIONS: 021 RENAL NETWORK: 14 PHONE:(517)117-4400
NORTHERN MICHIGAN HOSP-ESRD UNIT 105 S MADISON TRAVERSE CITY, MI 49684 PROVIDER NO: 233504	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 021584 OWNERSHIP: PROFIT INTERMEDIARY: 00210 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 004 RENAL NETWORK: 14 PHONE:(313)828-5180
WILLIAM BEAUMONT HOSPITAL 44199 DEQUINDRE TROY, MI 48098 PROVIDER NO: 230269	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 031080 OWNERSHIP: NONPROFIT INTERMEDIARY: 00210 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 015 RENAL NETWORK: 14 PHONE:(313)828-5180
GREENFIELD HEALTH SYSTEMS CORP 2849 CATTERMOLE DRIVE TROY, MI 48084 PROVIDER NO: 232506	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPD	DATE APPROVED: 101783 OWNERSHIP: NONPROFIT INTERMEDIARY: 00210 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 022 RENAL NETWORK: 14 PHONE:(313)689-5200
WESTLAND MEDICAL CENTER 2345 MERRIMAN RD WESTLAND, MI 48185 PROVIDER NO: 230098	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00210 CROSS-REFER NO:232314	HCFA REGION: 05 TOTAL STATIONS: 013 RENAL NETWORK: 14 PHONE:(313)467-2744
WASHTENAW REGIONAL DIALYSIS CENTER 5205 EAST HURON RIVER DRIVE YPSILANTI, MI 48197 PROVIDER NO: 232502	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 060578 OWNERSHIP: PROFIT INTERMEDIARY: 00210 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 015 RENAL NETWORK: 14 PHONE:(313)434-4680

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NAEVE HOSPITAL ESRD UNIT 404 FOUNTAIN STREET ALBERT LEA, MN 56007 PROVIDER NO: 240043	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00220 CROSS-REFER NO:242304	HCFA REGION: 05 TOTAL STATIONS: 004 RENAL NETWORK: 07 PHONE:(507)373-1112
REGION KIDNEY DISEASE PROGRAM 3960 COON RAPIDS BLVD,SUITE 309 COON RAPIDS, MN 55433 PROVIDER NO: 243502	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 012584 OWNERSHIP: NONPROFIT INTERMEDIARY: 00220 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 010 RENAL NETWORK: 07 PHONE:(612)347-5823
MILLER-DAWN HOSP MED CTR 502 E 2ND ST DULUTH, MN 55805 PROVIDER NO: 240019	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00220 CROSS-REFER NO:242302	HCFA REGION: 05 TOTAL STATIONS: 018 RENAL NETWORK: 07 PHONE:(218)727-8762
LAKE REGION HOSPITAL 712 SO CASCADE FERGUS FALLS, MN 56537 PROVIDER NO: 240052	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00220 CROSS-REFER NO:242307	HCFA REGION: 05 TOTAL STATIONS: 005 RENAL NETWORK: 07 PHONE:(218)736-5475
CENTRAL MESABI MEDICAL CENTER 750 E 34TH ST HIBBING, MN 55746 PROVIDER NO: 240040	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00220 CROSS-REFER NO:242303	HCFA REGION: 05 TOTAL STATIONS: 006 RENAL NETWORK: 07 PHONE:(218)262-4881
ST GABRIELS HOSPITAL 815 2ND ST SE LITTLE FALLS, MN 56345 PROVIDER NO: 240013	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00220 CROSS-REFER NO:242301	HCFA REGION: 05 TOTAL STATIONS: 014 RENAL NETWORK: 07 PHONE:(612)632-5441
IMMANUEL HOSP/ST JOSEPHS UNIT 325 GARDEN BLVD MANKATO, MN 56001 PROVIDER NO: 240093	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 042081 OWNERSHIP: NONPROFIT INTERMEDIARY: 00220 CROSS-REFER NO:242313	HCFA REGION: 05 TOTAL STATIONS: 005 RENAL NETWORK: 07 PHONE:(507)345-2666
REGIONAL KIDNEY DISEASE PROGRAM 701 PARK AVE MINNEAPOLIS, MN 55415 PROVIDER NO: 240004	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00220 CROSS-REFER NO:242300	HCFA REGION: 05 TOTAL STATIONS: 046 RENAL NETWORK: 07 PHONE:(612)347-5823
UNIVERSITY OF MINNESOTA HOSPITAL 420 DELAWARE ST S.E. MINNEAPOLIS, MN 55455 PROVIDER NO: 240049	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00220 CROSS-REFER NO:242306	HCFA REGION: 05 TOTAL STATIONS: 012 RENAL NETWORK: 07 PHONE:(612)626-6833
REGIONAL KIDNEY DISEASE PROGRAM 900 S 8TH ST MINNEAPOLIS, MN 55404 PROVIDER NO: 240196	FACILITY TYPE: INPATIENT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00220 CROSS-REFER NO:242312	HCFA REGION: 05 TOTAL STATIONS: 000 RENAL NETWORK: 07 PHONE:(612)347-5823
ROCHESTER METHODIST HOSP 201 W CENTER ST ROCHESTER, MN 55901 PROVIDER NO: 240061	FACILITY TYPE: TRANSPLANT ONLY STAFF-ASSISTED: PERI SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00220 CROSS-REFER NO:242309	HCFA REGION: 05 TOTAL STATIONS: 009 RENAL NETWORK: 07 PHONE:(507)286-7355

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MAYO ARTIFICIAL KIDNEY COMPLEX	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090177	HCFA REGION: 05
200 FIRST ST SW	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 022
ROCHESTER, MN 55905	SELF-CARE:	INTERMEDIARY: 50240	RENAL NETWORK: 07
PROVIDER NO: 242500	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:	PHONE:(507)284-8226
METHODIST HOSPITAL	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 05
6500 EXCELSIOR BLVD	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 027
SAINT LOUIS PARK, MN 55426	SELF-CARE:	INTERMEDIARY: 00220	RENAL NETWORK: 07
PROVIDER NO: 240053	TRAINING: HEMO CAPD	CROSS-REFER NO:242308	PHONE:(612)932-5000
ST PAUL-RAMSEY HOSP	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 05
640 JACKSON STREET	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 008
SAINT PAUL, MN 55101	SELF-CARE:	INTERMEDIARY: 00220	RENAL NETWORK: 07
PROVIDER NO: 240106	TRAINING: HEMO CAPD	CROSS-REFER NO:242311	PHONE:(612)221-3320
ST PAUL UNIT-ESRD	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 073081	HCFA REGION: 05
555 PARK ST #180	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 012
ST PAUL, MN 55103	SELF-CARE:	INTERMEDIARY: 00220	RENAL NETWORK: 07
PROVIDER NO: 243501	TRAINING:	CROSS-REFER NO:	PHONE:(612)347-5823
RICE MEM HOSP	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 090177	HCFA REGION: 05
301 BECKER AVE SW	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 009
WILLMAR, MN 56201	SELF-CARE:	INTERMEDIARY: 00220	RENAL NETWORK: 07
PROVIDER NO: 240088	TRAINING:	CROSS-REFER NO:242310	PHONE:(612)235-4543
COMMUNITY MEMORIAL HOSP (ESRD)	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 090177	HCFA REGION: 05
855 MANKATO AVENUE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 004
WINONA, MN 55987	SELF-CARE:	INTERMEDIARY: 00220	RENAL NETWORK: 07
PROVIDER NO: 240044	TRAINING:	CROSS-REFER NO:242305	PHONE:(507)454-3650
WORTHINGTON REGIONAL HOSP ESRD	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 083084	HCFA REGION: 05
1018 SIXTH AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 004
WORTHINGTON, MN 56187	SELF-CARE:	INTERMEDIARY: 00220	RENAL NETWORK: 07
PROVIDER NO: 240022	TRAINING:	CROSS-REFER NO:242314	PHONE:(507)372-2941

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KIDNEY CARE INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 111378	HCFA REGION: 04
512 N CHURCH ST	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 012
BROOKHAVEN, MS 39601	SELF-CARE:	INTERMEDIARY: 00230	RENAL NETWORK: 18
PROVIDER NO: 252506	TRAINING:	CROSS-REFER NO:	PHONE:(601)833-9720
KIDNEY CARE INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 050179	HCFA REGION: 04
526 THIRD ST	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 011
CLARKSDALE, MS 38614	SELF-CARE:	INTERMEDIARY: 00230	RENAL NETWORK: 18
PROVIDER NO: 252507	TRAINING:	CROSS-REFER NO:	PHONE:(601)627-4786
KIDNEY CARE INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 062579	HCFA REGION: 04
2104 5TH ST N SUITE 2	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 014
COLUMBUS, MS 39701	SELF-CARE:	INTERMEDIARY: 00230	RENAL NETWORK: 18
PROVIDER NO: 252508	TRAINING:	CROSS-REFER NO:	PHONE:(601)327-9200
NORTH MS DIALYSIS SERVICE	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 020283	HCFA REGION: 04
810 ALCORN DR	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 005
CORINTH, MS 38834	SELF-CARE:	INTERMEDIARY: 00230	RENAL NETWORK: 18
PROVIDER NO: 252518	TRAINING:	CROSS-REFER NO:	PHONE:(601)287-9577
KIDNEY CARE INC GREENVILLE	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090176	HCFA REGION: 04
1317 RAILROAD AVENUE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 027
GREENVILLE, MS 38701	SELF-CARE:	INTERMEDIARY: 00230	RENAL NETWORK: 18
PROVIDER NO: 252503	TRAINING:	CROSS-REFER NO:	PHONE:(601)378-2454
KIDNEY CARE INC GREENWOOD	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 112282	HCFA REGION: 04
609 TALLAHATCHIE ST-P.O. BOX 1551	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 018
GREENWOOD, MS 38930	SELF-CARE:	INTERMEDIARY: 00230	RENAL NETWORK: 18
PROVIDER NO: 252514	TRAINING:	CROSS-REFER NO:	PHONE:(601)453-5208
CAPT JAMES HILL ESRD UNIT	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 010581	HCFA REGION: 04
4500 13TH ST-P.O. BOX 1810	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 020
GULFPORT, MS 39501	SELF-CARE:	INTERMEDIARY: 00230	RENAL NETWORK: 18
PROVIDER NO: 250019	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:252307	PHONE:(601)863-1441
HATTIESBURG CLINIC ESRD	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090176	HCFA REGION: 04
2601 MAMIE ST-MEDICAL PLAZA	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 021
HATTIESBURG, MS 39401	SELF-CARE: HEMO PERI	INTERMEDIARY: 00230	RENAL NETWORK: 18
PROVIDER NO: 252502	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:	PHONE:(601)264-3286
UNIVERSITY MEDICAL DIALYSIS UNIT	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 090176	HCFA REGION: 04
2500 N STATE ST	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 014
JACKSON, MS 39216	SELF-CARE:	INTERMEDIARY: 00230	RENAL NETWORK: 18
PROVIDER NO: 250001	TRAINING: CAPD	CROSS-REFER NO:252300	PHONE:(601)987-4800
KIDNEY CARE INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090176	HCFA REGION: 04
3304 N. STATE ST, BOX 4740	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 031
JACKSON, MS 39216	SELF-CARE:	INTERMEDIARY: 00230	RENAL NETWORK: 18
PROVIDER NO: 252501	TRAINING: HEMO PERI CAPD CCPD	CROSS-REFER NO:	PHONE:(601)987-1001
CENTRAL DIALYSIS UNIT INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 120777	HCFA REGION: 04
381 MEDICAL DR	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 024
JACKSON, MS 39216	SELF-CARE:	INTERMEDIARY: 00230	RENAL NETWORK: 18
PROVIDER NO: 252505	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(601)981-9652

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LAUREL RENAL DIALYSIS CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 041381	HCFA REGION: 04
859 S 13TH AV	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 008
LAUREL, MS 39440	SELF-CARE:	INTERMEDIARY: 00230	RENAL NETWORK: 18
PROVIDER NO: 252510	TRAINING:	CROSS-REFER NO:	PHONE:(601)425-1853
KIDNEY CARE INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090176	HCFA REGION: 04
1512 20TH AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 020
MERIDIAN, MS 39301	SELF-CARE:	INTERMEDIARY: 00230	RENAL NETWORK: 18
PROVIDER NO: 252504	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:	PHONE:(601)483-0606
KIDNEY CARE INC NATCHEZ	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 112982	HCFA REGION: 04
PO BOX 2024 517 HIGHLAND BLVD	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 010
NATCHEZ, MS 39120	SELF-CARE:	INTERMEDIARY: 00230	RENAL NETWORK: 18
PROVIDER NO: 252515	TRAINING:	CROSS-REFER NO:	PHONE:(601)446-8060
OCEAN SPRINGS DIALYSIS CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 110182	HCFA REGION: 04
3009 BIENVILLE BLVD	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 005
OCEAN SPRINGS, MS 39564	SELF-CARE:	INTERMEDIARY: 00230	RENAL NETWORK: 18
PROVIDER NO: 252519	TRAINING:	CROSS-REFER NO:	PHONE:(601)872-1199
NORTH MS DIALYSIS SERVICES	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 030182	HCFA REGION: 04
1207 BELK ST	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 006
OXFORD, MS 38655	SELF-CARE:	INTERMEDIARY: 00230	RENAL NETWORK: 18
PROVIDER NO: 252511	TRAINING:	CROSS-REFER NO:	PHONE:(601)234-3412
SINGING RIVER DIALYSIS CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 110182	HCFA REGION: 04
2712 CRISTWELL	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 008
PASCAGOULA, MS 39567	SELF-CARE: HEMO PERI	INTERMEDIARY: 00230	RENAL NETWORK: 18
PROVIDER NO: 252516	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(601)938-5387
KIDNEY CARE INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 060883	HCFA REGION: 04
ROUTE 7,BOX R-50	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 006
PHILADELPHIA, MS 39350	SELF-CARE:	INTERMEDIARY: 00230	RENAL NETWORK: 18
PROVIDER NO: 252520	TRAINING:	CROSS-REFER NO:	PHONE:(601)656-2211
PEARL RIVER RENAL DIALYSIS CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 020983	HCFA REGION: 04
139 KIRKWOOD ST	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 005
PICAYUNE, MS 39466	SELF-CARE:	INTERMEDIARY: 00230	RENAL NETWORK: 18
PROVIDER NO: 252517	TRAINING:	CROSS-REFER NO:	PHONE:(601)264-6000
NORTH MISSISSIPPI DIALYSIS SERVICES IN	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 010183	HCFA REGION: 04
830 S. GLOSTER	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 019
TUPELO, MS 38801	SELF-CARE:	INTERMEDIARY: 00230	RENAL NETWORK: 18
PROVIDER NO: 252513	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:	PHONE:(601)844-7333
KIDNEY CARE VICKSBURG	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 102780	HCFA REGION: 04
500 GROVE ST, BOX 1395	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 005
VICKSBURG, MS 39180	SELF-CARE:	INTERMEDIARY: 00230	RENAL NETWORK: 18
PROVIDER NO: 252509	TRAINING:	CROSS-REFER NO:	PHONE:(601)634-8470

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BLUE SPRINGS DIALYSIS CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 040483	HCFA REGION: 07
205 WEST R.D. MIZE RD	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 010
BLUE SPRINGS, MO 64015	SELF-CARE:	INTERMEDIARY: 00241	RENAL NETWORK: 09
PROVIDER NO: 262511	TRAINING: HEMO PERI	CROSS-REFER NO:	PHONE:(816)444-2098
ST LOUIS REGIONAL DIALYSIS CTR	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 041381	HCFA REGION: 07
3469 BRIDGELAND DR	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 020
BRIDGETON, MO 63044	SELF-CARE:	INTERMEDIARY: 00241	RENAL NETWORK: 09
PROVIDER NO: 262507	TRAINING: HEMO CAPD CCPD	CROSS-REFER NO:	PHONE:(314)739-7339
SE MISSOURI REGIONAL DIALYSIS CTR	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 101485	HCFA REGION: 07
RT #2 - BOX 379	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 006
CAPE GIRARDEAU, MO 63701	SELF-CARE:	INTERMEDIARY: 00241	RENAL NETWORK: 09
PROVIDER NO: 262518	TRAINING: HEMO CAPD CCPD	CROSS-REFER NO:	PHONE:(*) -
ST LUKES HOSPITAL-WEST	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 101885	HCFA REGION: 07
232 S WOODS MILL RD	STAFF-ASSISTED:	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 000
CHESTERFIELD, MO 63017	SELF-CARE:	INTERMEDIARY: 00241	RENAL NETWORK: 09
PROVIDER NO: 260179	TRAINING:	CROSS-REFER NO:262321	PHONE:(314)434-1500
UNIV OF MISSOURI HOSP AND CLINICS	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 063077	HCFA REGION: 07
ONE HOSPITAL DR	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 004
COLUMBIA, MO 65212	SELF-CARE:	INTERMEDIARY: 00241	RENAL NETWORK: 09
PROVIDER NO: 260141	TRAINING: HEMO CAPD CCPD	CROSS-REFER NO:262314	PHONE:(314)882-4111
DIALYSIS CLINICS INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 070979	HCFA REGION: 07
1805 EAST WALNUT	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 015
COLUMBIA, MO 65201	SELF-CARE:	INTERMEDIARY: 00241	RENAL NETWORK: 09
PROVIDER NO: 262506	TRAINING: HEMO CAPD CCPD	CROSS-REFER NO:	PHONE:(314)443-1531
AFFILIATED HOSPITAL DIALYSIS	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 072481	HCFA REGION: 07
1031 EXECUTIVE PARKWAY	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 024
CREVE COEUR, MO 63141	SELF-CARE:	INTERMEDIARY: 00241	RENAL NETWORK: 09
PROVIDER NO: 262508	TRAINING: HEMO CAPD CCPD	CROSS-REFER NO:	PHONE:(314)851-9380
ST JOHN'S MERCY MED CTR	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 022385	HCFA REGION: 07
615 NEW BALLAS RD SOUTH	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 003
CREVE COEUR, MO 63141	SELF-CARE:	INTERMEDIARY: 00241	RENAL NETWORK: 09
PROVIDER NO: 260020	TRAINING: HEMO PERI	CROSS-REFER NO:262319	PHONE:(314)569-6000
DIALYSIS CLINIC INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 050184	HCFA REGION: 07
610 W ELM ST	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 006
JEFFERSON CITY, MO 65101	SELF-CARE:	INTERMEDIARY: 00241	RENAL NETWORK: 09
PROVIDER NO: 262513	TRAINING: HEMO CAPD CCPD	CROSS-REFER NO:	PHONE:(*) -
ST JOHNS HOSP	FACILITY TYPE: INPATIENT ONLY	DATE APPROVED: 070184	HCFA REGION: 07
2727 MCCLELLAND BLVD	STAFF-ASSISTED:	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 000
JOPLIN, MO 64801	SELF-CARE:	INTERMEDIARY: 52280	RENAL NETWORK: 09
PROVIDER NO: 260001	TRAINING:	CROSS-REFER NO:262300	PHONE:(417)781-2727
FOUR STATE REGIONAL DIALYSIS CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 070184	HCFA REGION: 07
1800 W. 30TH	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 010
JOPLIN, MO 64801	SELF-CARE:	INTERMEDIARY: 00241	RENAL NETWORK: 09
PROVIDER NO: 262514	TRAINING: HEMO CAPD CCPD	CROSS-REFER NO:	PHONE:(417)782-5000

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RESEARCH HOSP & MEDICAL CENTER 2316 E MEYER BLDG KANSAS CITY, MO 64132 PROVIDER NO: 260027	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 040185 OWNERSHIP: NONPROFIT INTERMEDIARY: 00241 CROSS-REFER NO:262304	HCFA REGION: 07 TOTAL STATIONS: 006 RENAL NETWORK: 09 PHONE:(816)276-4229
ST LUKES HOSPITAL WORNALL RD & 44TH ST KANSAS CITY, MO 64141 PROVIDER NO: 260138	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: 063077 OWNERSHIP: NONPROFIT INTERMEDIARY: 00241 CROSS-REFER NO:262313	HCFA REGION: 07 TOTAL STATIONS: 028 RENAL NETWORK: 09 PHONE:(816)932-2000
KANSAS CITY DIALYSIS AND TRANSPLANT 1734 E 63RD KANSAS CITY, MO 64110 PROVIDER NO: 262501	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: 062077 OWNERSHIP: NONPROFIT INTERMEDIARY: 00241 CROSS-REFER NO:	HCFA REGION: 07 TOTAL STATIONS: 025 RENAL NETWORK: 09 PHONE:(816)444-7300
DIALYSIS CLINICS INC 1010 CARONDELET, SUITE 10 KANSAS CITY, MO 64114 PROVIDER NO: 262517	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: 062485 OWNERSHIP: NONPROFIT INTERMEDIARY: 00241 CROSS-REFER NO:	HCFA REGION: 07 TOTAL STATIONS: 006 RENAL NETWORK: 09 PHONE:(*) -
THE CHILDREN'S MERCY HOSPITAL 24TH AT GILLHAM RD KANSAS CITY, MO 64108 PROVIDER NO: 263302	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: SELF-CARE: TRAINING: CAPD CCPD	DATE APPROVED: 070185 OWNERSHIP: NONPROFIT INTERMEDIARY: 00241 CROSS-REFER NO:	HCFA REGION: 07 TOTAL STATIONS: 000 RENAL NETWORK: 09 PHONE:(*) -
DIALYSIS CLINICS INC 304 SOUTH FRANKLIN KIRKSVILLE, MO 63501 PROVIDER NO: 262505	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 061379 OWNERSHIP: NONPROFIT INTERMEDIARY: 00241 CROSS-REFER NO:	HCFA REGION: 07 TOTAL STATIONS: 007 RENAL NETWORK: 09 PHONE:(816)665-8372
DIALYSIS CLINICS INC 620 EAST MONROE MEXICO, MO 65265 PROVIDER NO: 262516	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 062685 OWNERSHIP: NONPROFIT INTERMEDIARY: 00241 CROSS-REFER NO:	HCFA REGION: 07 TOTAL STATIONS: 004 RENAL NETWORK: 09 PHONE:(*)-
COMM DIALYSIS SERV OF NORTHLAND 2709 HOSPITAL DR N KANSAS CITY, MO 64116 PROVIDER NO: 262504	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 071379 OWNERSHIP: PROFIT INTERMEDIARY: 00241 CROSS-REFER NO:	HCFA REGION: 07 TOTAL STATIONS: 013 RENAL NETWORK: 09 PHONE:(816)842-2056
BARNES HOSP BARNES HOSPITAL PLAZA SAINT LOUIS, MO 63110 PROVIDER NO: 260014	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 082680 OWNERSHIP: NONPROFIT INTERMEDIARY: 00241 CROSS-REFER NO:262302	HCFA REGION: 07 TOTAL STATIONS: 006 RENAL NETWORK: 09 PHONE:(314)454-2000
DEACONESS HOSP 6150 OAKLAND AVE SAINT LOUIS, MO 63139 PROVIDER NO: 260021	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: 071877 OWNERSHIP: NONPROFIT INTERMEDIARY: 00241 CROSS-REFER NO:262303	HCFA REGION: 07 TOTAL STATIONS: 017 RENAL NETWORK: 09 PHONE:(314)645-8510
JEWISH HOSP OF ST LOUIS 216 S KINGSHIGHWAY SAINT LOUIS, MO 63110 PROVIDER NO: 260032	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: 062977 OWNERSHIP: NONPROFIT INTERMEDIARY: 00241 CROSS-REFER NO:262305	HCFA REGION: 07 TOTAL STATIONS: 007 RENAL NETWORK: 09 PHONE:(314)454-7410

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ST LOUIS UNIVERSITY HOSPS	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 072384	HCFA REGION: 07
1325 S GRAND BLVD	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 004
SAINT LOUIS, MO 63104	SELF-CARE:	INTERMEDIARY: 00241	RENAL NETWORK: 09
PROVIDER NO: 260105	TRAINING: HEMO CAPD CCPD	CROSS-REFER NO:262310	PHONE:(314)771-7600
RENAL DIALYSIS INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 061377	HCFA REGION: 07
1320 S GRAND AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 027
SAINT LOUIS, MO 63104	SELF-CARE: HEMO	INTERMEDIARY: 00241	RENAL NETWORK: 09
PROVIDER NO: 262503	TRAINING: HEMO	CROSS-REFER NO:	PHONE:(314)771-5014
SALEM MEM DISTRICT HOSP	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 062477	HCFA REGION: 07
HWY 72 N PO BOX 774	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 004
SALEM, MO 65560	SELF-CARE:	INTERMEDIARY: 00241	RENAL NETWORK: 09
PROVIDER NO: 260172	TRAINING:	CROSS-REFER NO:262315	PHONE:(314)729-6626
DIALYSIS CLINIC INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090384	HCFA REGION: 07
1727 WEST 7TH ST	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 006
SEDALIA, MO 65301	SELF-CARE:	INTERMEDIARY: 00241	RENAL NETWORK: 09
PROVIDER NO: 262515	TRAINING: HEMO	CROSS-REFER NO:	PHONE:(314)443-1531
MISSOURI DELTA COMM HOSP	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 083077	HCFA REGION: 07
HIGHWAY 61 N	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 010
SIKESTON, MO 63801	SELF-CARE:	INTERMEDIARY: 00241	RENAL NETWORK: 18
PROVIDER NO: 260113	TRAINING: HEMO	CROSS-REFER NO:262311	PHONE:(314)471-1600
COX MEDICAL CTR	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 071877	HCFA REGION: 07
1423 N JEFFERSON ST	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 021
SPRINGFIELD, MO 65802	SELF-CARE:	INTERMEDIARY: 00241	RENAL NETWORK: 09
PROVIDER NO: 260040	TRAINING: HEMO PERI CAPD CCPD	CROSS-REFER NO:262306	PHONE:(417)836-3000
HEARTLAND HOSPITAL WEST	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 120379	HCFA REGION: 07
7TH-9TH ON FARRON	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 008
ST JOSEPH, MO 64501	SELF-CARE:	INTERMEDIARY: 00241	RENAL NETWORK: 09
PROVIDER NO: 260006	TRAINING: HEMO	CROSS-REFER NO:262316	PHONE:(816)271-7111
VA HOSP	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 071877	HCFA REGION: 07
915 N GRAND	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 013
ST LOUIS, MO 63106	SELF-CARE: HEMO	INTERMEDIARY: 00241	RENAL NETWORK: 09
PROVIDER NO: 26009F	TRAINING: HEMO	CROSS-REFER NO:262307	PHONE:(314)894-4601
CHRISTIAN HOSPITAL NORTHEAST	FACILITY TYPE: INPATIENT ONLY	DATE APPROVED: 012584	HCFA REGION: 07
11133 DUNN RD	STAFF-ASSISTED:	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 000
ST LOUIS, MO 63136	SELF-CARE:	INTERMEDIARY: 00241	RENAL NETWORK: 09
PROVIDER NO: 260180	TRAINING:	CROSS-REFER NO:262318	PHONE:(314)355-2300
CHROMALLOY AMERICAN KIDNEY CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 071377	HCFA REGION: 07
4949 BARNES HOSPITAL PLAZA	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 028
ST LOUIS, MO 63110	SELF-CARE:	INTERMEDIARY: 00241	RENAL NETWORK: 09
PROVIDER NO: 262502	TRAINING: HEMO CAPD CCPD	CROSS-REFER NO:	PHONE:(314)454-3531
METRO NORTH DIALYSIS CTR INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 111381	HCFA REGION: 07
2870 NETHERTON RD	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 012
ST LOUIS, MO 63136	SELF-CARE: HEMO	INTERMEDIARY: 00241	RENAL NETWORK: 09
PROVIDER NO: 262509	TRAINING: HEMO	CROSS-REFER NO:	PHONE:(314)441-8140

STATE=MISSOURI CONTINUED

CHROMALLOY AMERICAN/ST ANTHONY'S FAC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 082983	HCFA REGION: 07
10016 KENNERLY RD	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 006
ST LOUIS, MO 63128	SELF-CARE:	INTERMEDIARY: 00241	RENAL NETWORK: 09
PROVIDER NO: 262512	TRAINING: HEMO	CROSS-REFER NO:	PHONE:(314)525-1699
CARDINAL GLENNON MEM HOSP	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 030185	HCFA REGION: 07
1465 S GRAND BLVD	STAFF-ASSISTED:	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 000
ST LOUIS, MO 63104	SELF-CARE:	INTERMEDIARY: 00241	RENAL NETWORK: 09
PROVIDER NO: 263300	TRAINING: CAPD CCPD	CROSS-REFER NO:	PHONE:(314)577-5617
ST LOUIS CHILDREN'S HOSP	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 010184	HCFA REGION: 07
400 S KINGSHIGHWAY BLVD	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 007
ST LOUIS, MO 63110	SELF-CARE:	INTERMEDIARY: 00241	RENAL NETWORK: 09
PROVIDER NO: 263301	TRAINING: HEMO CAPD CCPD	CROSS-REFER NO:262309	PHONE:(314)454-6000
DEACONESS SOUTH DIALYSIS CTR	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 022884	HCFA REGION: 07
4145 UNION RD	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 015
ST LOUIS, MO 63129	SELF-CARE:	INTERMEDIARY: 00241	RENAL NETWORK: 09
PROVIDER NO: 263500	TRAINING: HEMO	CROSS-REFER NO:	PHONE:(314)894-1851
ST LOUIS REGIONAL MEDICAL CTR	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 020186	HCFA REGION: 07
5535 DELMAR BLVD	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 005
ST LOUIS, MO 63112	SELF-CARE:	INTERMEDIARY: 00241	RENAL NETWORK: 09
PROVIDER NO: 260008	TRAINING: HEMO	CROSS-REFER NO:262312	PHONE:(314)622-5119
COMMUNITY DIALYSIS CENTERS OF ST LOUIS	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090486	HCFA REGION: 07
6665 DELMAR BLVD	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 006
ST LOUIS, MO 63130	SELF-CARE:	INTERMEDIARY: 00241	RENAL NETWORK: 09
PROVIDER NO: 262519	TRAINING: HEMO	CROSS-REFER NO:	PHONE:(314)725-8330

STATE=MONTANA

NORTHERN ROCKIES KIDNEY CTR.	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 071477	HCFA REGION: 08
2813 9TH AVE N	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 012
BILLINGS, MT 59103	SELF-CARE:	INTERMEDIARY: 00250	RENAL NETWORK: 02
PROVIDER NO: 270004	TRAINING: HEMO CAPD	CROSS-REFER NO:272301	PHONE:(406)657-4000
COLUMBUS HOSP	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 071477	HCFA REGION: 08
500 15TH AVE SOUTH	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 007
GREAT FALLS, MT 59403	SELF-CARE: HEMO PERI	INTERMEDIARY: 00250	RENAL NETWORK: 02
PROVIDER NO: 270013	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:272302	PHONE:(406)727-3333
ST PETERS COMM HOSP	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 071477	HCFA REGION: 08
2475 BROADWAY	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 005
HELENA, MT 59601	SELF-CARE:	INTERMEDIARY: 00250	RENAL NETWORK: 02
PROVIDER NO: 270003	TRAINING: HEMO CAPD CCPD	CROSS-REFER NO:272300	PHONE:(406)442-2480
ST PATRICK HOSPITAL	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 071477	HCFA REGION: 08
500 WEST BROADWAY	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 009
MISSOULA, MT 59806	SELF-CARE:	INTERMEDIARY: 00250	RENAL NETWORK: 02
PROVIDER NO: 270014	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:272303	PHONE:(406)543-7271

STATE=NEBRASKA

MEMORIAL HOSPITAL	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 091176	HCFA REGION: 07
1423 7TH ST	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 005
AURORA, NE 68818	SELF-CARE:	INTERMEDIARY: 00260	RENAL NETWORK: 08
PROVIDER NO: 280074	TRAINING: HEMO	CROSS-REFER NO:282307	PHONE:(402)694-3171
GOOD SAMARITAN HOSP	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 061577	HCFA REGION: 07
31ST AND CENTRAL AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 006
KEARNEY, NE 68847	SELF-CARE:	INTERMEDIARY: 00260	RENAL NETWORK: 08
PROVIDER NO: 280009	TRAINING: HEMO	CROSS-REFER NO:282300	PHONE:(308)234-7570
BRYAN MEMORIAL HOSPITAL	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 010184	HCFA REGION: 07
4848 SUMNER ST	STAFF-ASSISTED:	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 000
LINCOLN, NE 68506	SELF-CARE:	INTERMEDIARY: 00260	RENAL NETWORK: 08
PROVIDER NO: 280003	TRAINING: CAPD CCPD	CROSS-REFER NO:	PHONE:(402)466-8259
ST ELIZABETH COMM HEALTH CENTER	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 061377	HCFA REGION: 07
555 SOUTH 70TH ST	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 007
LINCOLN, NE 68510	SELF-CARE:	INTERMEDIARY: 52280	RENAL NETWORK: 08
PROVIDER NO: 280020	TRAINING: HEMO	CROSS-REFER NO:282302	PHONE:(402)486-7489
LUTHERAN COMM HOSP	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 061377	HCFA REGION: 07
2700 NORFOLK AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 005
NORFOLK, NE 68701	SELF-CARE:	INTERMEDIARY: 00260	RENAL NETWORK: 08
PROVIDER NO: 280034	TRAINING: HEMO	CROSS-REFER NO:282304	PHONE:(402)371-4480
GREAT PLAINS REGIONAL MED CTR	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 030978	HCFA REGION: 07
601 WEST LEOTA STREET	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 004
NORTH PLATTE, NE 69101	SELF-CARE:	INTERMEDIARY: 00260	RENAL NETWORK: 08
PROVIDER NO: 280065	TRAINING: HEMO	CROSS-REFER NO:282309	PHONE:(308)534-9310
ST JOSEPH HOSP	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 092184	HCFA REGION: 07
601 N 30TH ST	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 010
OMAHA, NE 68131	SELF-CARE:	INTERMEDIARY: 52280	RENAL NETWORK: 08
PROVIDER NO: 280030	TRAINING: HEMO CAPD CCPD	CROSS-REFER NO:282303	PHONE:(402)449-4468
BISHOP CLARKSON MEM HOSP	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 071977	HCFA REGION: 07
DEWEY AVE AT 44TH ST	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 023
OMAHA, NE 68105	SELF-CARE:	INTERMEDIARY: 52280	RENAL NETWORK: 08
PROVIDER NO: 280088	TRAINING: HEMO PERI CAPD CCPD	CROSS-REFER NO:282308	PHONE:(402)559-3708
WEST NEBRASKA GEN HOSP	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 060177	HCFA REGION: 07
4021 AVE B	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 006
SCOTTSBLUFF, NE 69361	SELF-CARE:	INTERMEDIARY: 00260	RENAL NETWORK: 05
PROVIDER NO: 280061	TRAINING: HEMO	CROSS-REFER NO:282306	PHONE:(308)632-0534

STATE=NEVADA

UNIV MED CTR OF SOUTHERN NEVADA	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 080877	HCFA REGION: 09
2020 WEST CHARLESTON BLVD	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 026
LAS VEGAS, NV 89102	SELF-CARE: HEMO PERI	INTERMEDIARY: 51290	RENAL NETWORK: 04
PROVIDER NO: 290007	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:292302	PHONE:(702)383-2625
RENAL DIALYSIS CTR OF LAS VEGAS	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 050783	HCFA REGION: 09
1750 E. DESERT INN RD	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 020
LAS VEGAS, NV 89109	SELF-CARE:	INTERMEDIARY: 51051	RENAL NETWORK: 04
PROVIDER NO: 292500	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:	PHONE:(702)735-5477
PHYSIOLOGICAL SYSTEMS INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 010185	HCFA REGION: 09
2040 W CHARLESTON BLVD SUITE 200	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 001
LAS VEGAS, NV 89102	SELF-CARE:	INTERMEDIARY: 51290	RENAL NETWORK: 04
PROVIDER NO: 292501	TRAINING:	CROSS-REFER NO:	PHONE:(702)385-4818
WASHOE MEDICAL CENTER	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 081177	HCFA REGION: 09
77 PRINGLE WAY	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 010
RENO, NV 89520	SELF-CARE:	INTERMEDIARY: 51290	RENAL NETWORK: 03
PROVIDER NO: 290001	TRAINING: CAPD	CROSS-REFER NO:292300	PHONE:(702)785-6161

STATE=NEW HAMPSHIRE

DIALYSIS SERVICE OF NH	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 083177	HCFA REGION: 01
2 FISK ROAD	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 015
CONCORD, NH 03301	SELF-CARE:	INTERMEDIARY: 00270	RENAL NETWORK: 28
PROVIDER NO: 302500	TRAINING: HEMO CAPD CCPD	CROSS-REFER NO:	PHONE:(603)224-9996
SEACOAST DIALYSIS INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 111381	HCFA REGION: 01
COCHECO PARK,CHESTNUT ST	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 010
DOVER, NH 03820	SELF-CARE: HEMO	INTERMEDIARY: 00270	RENAL NETWORK: 28
PROVIDER NO: 302501	TRAINING: HEMO PERI CAPD CCPD	CROSS-REFER NO:	PHONE:(603)749-5550
MARY HITCHCOCK MEMORIAL HOSPITAL	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 110380	HCFA REGION: 01
2 MAYNARD STREET	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 005
HANOVER, NH 03755	SELF-CARE:	INTERMEDIARY: 00270	RENAL NETWORK: 28
PROVIDER NO: 300003	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:302301	PHONE:(603)643-4000
NASHUA MEMORIAL HOSPITAL	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 083177	HCFA REGION: 01
8 PROSPECT STREET	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 006
NASHUA, NH 03061	SELF-CARE: HEMO PERI	INTERMEDIARY: 00270	RENAL NETWORK: 28
PROVIDER NO: 300020	TRAINING: PERI CAPD CCPD	CROSS-REFER NO:302300	PHONE:(603)883-5521

STATE=NEW JERSEY

BRIDGETON HOSPITAL-RENAL UNIT	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 112383	HCFA REGION: 02
IRVING & MANHEIM AVE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 006
BRIDGETON, NJ 08302	SELF-CARE:	INTERMEDIARY: 53310	RENAL NETWORK: 32
PROVIDER NO: 310068	TRAINING:	CROSS-REFER NO:312320	PHONE:(609)451-6600
OUR LADY OF LOURDES MED CTR	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 090177	HCFA REGION: 02
1600 HADDON AVENUE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 022
CAMDEN, NJ 08103	SELF-CARE: HEMO PERI	INTERMEDIARY: 00280	RENAL NETWORK: 32
PROVIDER NO: 310029	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:312305	PHONE:(609)757-3500
EAST ORANGE GENERAL HOSP	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 02
300 CENTRAL AVE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 006
EAST ORANGE, NJ 07018	SELF-CARE:	INTERMEDIARY: 00280	RENAL NETWORK: 32
PROVIDER NO: 310083	TRAINING: HEMO PERI	CROSS-REFER NO:312314	PHONE:(201)672-8400
A P MIELE DIALYSIS CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 031577	HCFA REGION: 02
81 CENTRAL AVE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 014
EAST ORANGE, NJ 07018	SELF-CARE: HEMO	INTERMEDIARY: 00280	RENAL NETWORK: 32
PROVIDER NO: 312505	TRAINING: HEMO	CROSS-REFER NO:	PHONE:(201)673-6000
ALEXIAN BROTHERS HOSPITAL	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 021279	HCFA REGION: 02
655 EAST JERSEY ST	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 007
ELIZABETH, NJ 07206	SELF-CARE: HEMO PERI	INTERMEDIARY: 00280	RENAL NETWORK: 32
PROVIDER NO: 310033	TRAINING: HEMO PERI CAPD CCPD	CROSS-REFER NO:312318	PHONE:(201)351-9000
HACKENSACK HOSP ASSOCIATION	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 02
30 PROSPECT AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 006
HACKENSACK, NJ 07601	SELF-CARE:	INTERMEDIARY: 53310	RENAL NETWORK: 32
PROVIDER NO: 310001	TRAINING:	CROSS-REFER NO:312300	PHONE:(201)487-4000
RUTH KLIMAN DIALYSIS CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 033180	HCFA REGION: 02
BLOY ST AND RAMSEY AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 020
HILLSIDE, NJ 07205	SELF-CARE:	INTERMEDIARY: 53310	RENAL NETWORK: 32
PROVIDER NO: 312506	TRAINING:	CROSS-REFER NO:	PHONE:(201)964-5608
BIOMEDICAL LIFE SUPPORT INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090177	HCFA REGION: 02
1071 SPRINGFIELD AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 020
IRVINGTON, NJ 07111	SELF-CARE:	INTERMEDIARY: 53310	RENAL NETWORK: 32
PROVIDER NO: 312501	TRAINING:	CROSS-REFER NO:	PHONE:(201)399-1155
JERSEY CITY MEDICAL CENTER	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 02
50 BALDWIN AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 006
JERSEY CITY, NJ 07304	SELF-CARE:	INTERMEDIARY: 00280	RENAL NETWORK: 32
PROVIDER NO: 310074	TRAINING:	CROSS-REFER NO:312310	PHONE:(201)451-9800
BMA OF JERSEY CITY	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090177	HCFA REGION: 02
45 JONES ST, P.O. BOX 6608	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 020
JERSEY CITY, NJ 07306	SELF-CARE: HEMO	INTERMEDIARY: 00280	RENAL NETWORK: 32
PROVIDER NO: 312502	TRAINING:	CROSS-REFER NO:	PHONE:(201)659-4823
ST BARNABAS MEDICAL CENTER	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 090177	HCFA REGION: 02
OLD SHORT HILLS RD	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 015
LIVINGSTON, NJ 07039	SELF-CARE: HEMO PERI	INTERMEDIARY: 53310	RENAL NETWORK: 32
PROVIDER NO: 310076	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:312312	PHONE:(201)533-5000

MONMOUTH MEDICAL CENTER	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 02
300 2ND AVE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 025
LONG BRANCH, NJ 07740	SELF-CARE: HEMO PERI	INTERMEDIARY: 53310	RENAL NETWORK: 32
PROVIDER NO: 310075	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:312311	PHONE:(201)222-5200
MORRISTOWN MEMORIAL HOSP	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 02
100 MADISON AVE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 014
MORRISTOWN, NJ 07960	SELF-CARE:	INTERMEDIARY: 00280	RENAL NETWORK: 32
PROVIDER NO: 310015	TRAINING: HEMO PERI CAPD CCPD	CROSS-REFER NO:312303	PHONE:(201)540-5089
JERSEY SHORE MEDICAL CENTER	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 02
1945 CORLIES AVE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 014
NEPTUNE, NJ 07753	SELF-CARE: HEMO PERI	INTERMEDIARY: 53310	RENAL NETWORK: 32
PROVIDER NO: 310073	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:312309	PHONE:(201)776-5500
ROBERT WOOD JOHNSON UNIV HOSP	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 032580	HCFA REGION: 02
1 ROBERT W JOHNSON PLACE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 006
NEW BRUNSWICK, NJ 08903	SELF-CARE:	INTERMEDIARY: 00280	RENAL NETWORK: 32
PROVIDER NO: 310038	TRAINING: HEMO CAPD CCPD	CROSS-REFER NO:312317	PHONE:(201)828-3000
NEWARK BETH ISRAEL MEDICAL CENTER	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 090177	HCFA REGION: 02
201 LYONS AVE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 022
NEWARK, NJ 07112	SELF-CARE:	INTERMEDIARY: 00280	RENAL NETWORK: 32
PROVIDER NO: 310002	TRAINING: HEMO PERI CAPD CCPD	CROSS-REFER NO:312301	PHONE:(201)926-7600
ST MICHAELS MEDICAL CENTER	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 02
268 MARTIN L. KING BLVD.	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 005
NEWARK, NJ 07102	SELF-CARE:	INTERMEDIARY: 00280	RENAL NETWORK: 32
PROVIDER NO: 310096	TRAINING: CAPD	CROSS-REFER NO:312316	PHONE:(201)877-5356
UNIVERSITY HOSPITAL	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 012079	HCFA REGION: 02
100 BERGEN ST	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 006
NEWARK, NJ 07107	SELF-CARE:	INTERMEDIARY: 53310	RENAL NETWORK: 32
PROVIDER NO: 310119	TRAINING:	CROSS-REFER NO:312313	PHONE:(201)456-5667
PARKSIDE DIALYSIS CENTER	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 120586	HCFA REGION: 02
580 FRELINGHUYSEN AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 018
NEWARK, NJ 07114	SELF-CARE:	INTERMEDIARY: 00280	RENAL NETWORK: 32
PROVIDER NO: 313500	TRAINING:	CROSS-REFER NO:	PHONE:(201)624-2226
ST JOSEPHS HOSP & MED CTR	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 02
703 MAIN ST	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 039
PATERSON, NJ 07503	SELF-CARE: HEMO PERI	INTERMEDIARY: 00280	RENAL NETWORK: 32
PROVIDER NO: 310019	TRAINING: HEMO PERI CAPD CCPD	CROSS-REFER NO:312304	PHONE:(201)977-2000
CENTRAL JERSEY RENAL DIALYSIS CTR	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 02
530 NEW BRUNSWICK AVE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 015
PERTH AMBOY, NJ 08861	SELF-CARE: HEMO PERI	INTERMEDIARY: 00280	RENAL NETWORK: 32
PROVIDER NO: 310039	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:312306	PHONE:(201)442-3700
BIOMEDICAL LIFE SUPPORT SYSTEMS	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090177	HCFA REGION: 02
PO BOX 660 HOOK MOUNTAIN ROAD	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 020
PINE BROOK, NJ 07058	SELF-CARE:	INTERMEDIARY: 53310	RENAL NETWORK: 32
PROVIDER NO: 312503	TRAINING: HEMO PERI	CROSS-REFER NO:	PHONE:(201)227-6333

STATE=NEW JERSEY CONTINUED

MUHLENBERG HOSP	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 02
PARK AVE RANDOLPH RD	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 013
PLAINFIELD, NJ 07060	SELF-CARE: HEMO PERI	INTERMEDIARY: 53310	RENAL NETWORK: 32
PROVIDER NO: 310063	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:312308	PHONE:(201)668-2465
SHORE MEMORIAL HOSP-REG DIALYSIS UNIT	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 02
SHORE RD & NEW YORK AVE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 015
SOMERS POINT, NJ 08244	SELF-CARE: HEMO	INTERMEDIARY: 53310	RENAL NETWORK: 32
PROVIDER NO: 310047	TRAINING: HEMO	CROSS-REFER NO:312307	PHONE:(609)653-3500
HOLY NAME HOSP	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 02
718 TEANECK RD	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 036
TEANECK, NJ 07666	SELF-CARE: HEMO	INTERMEDIARY: 00280	RENAL NETWORK: 32
PROVIDER NO: 310008	TRAINING: HEMO PERI CAPD CCPD	CROSS-REFER NO:312302	PHONE:(201)833-3000
COMMUNITY MEMORIAL HOSP	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 081981	HCFA REGION: 02
HWY 37 WEST CN 2002	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 009
TOMS RIVER, NJ 08753	SELF-CARE: HEMO PERI	INTERMEDIARY: 53310	RENAL NETWORK: 32
PROVIDER NO: 310041	TRAINING: HEMO PERI CAPD CCPD	CROSS-REFER NO:312319	PHONE:(201)349-8000
HELENE FULD MEDICAL CENTER	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 02
750 BRUNSWICK AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 010
TRENTON, NJ 08638	SELF-CARE:	INTERMEDIARY: 53310	RENAL NETWORK: 32
PROVIDER NO: 310092	TRAINING: HEMO	CROSS-REFER NO:312315	PHONE:(609)396-6572
BMA OF TRENTON INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090177	HCFA REGION: 02
40 FULD STREET	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 020
TRENTON, NJ 08638	SELF-CARE: HEMO	INTERMEDIARY: 53310	RENAL NETWORK: 32
PROVIDER NO: 312504	TRAINING:	CROSS-REFER NO:	PHONE:(609)394-5104

STATE=NEW MEXICO

UNIV OF NEW MEXICO HOSP 2211 LOMAS BLVD,NE ALBUQUERQUE, NM 87106 PROVIDER NO: 320001	FACILITY TYPE: TRANSPLANT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 050183 OWNERSHIP: NONPROFIT INTERMEDIARY: 00290 CROSS-REFER NO:322300	HCFA REGION: 06 TOTAL STATIONS: 000 RENAL NETWORK: 06 PHONE:(505)843-2121
LOVELACE MEDICAL CENTER 5400 GIBSON SE ALBUQUERQUE, NM 87108 PROVIDER NO: 320019	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 083177 OWNERSHIP: PROFIT INTERMEDIARY: 00290 CROSS-REFER NO:322301	HCFA REGION: 06 TOTAL STATIONS: 009 RENAL NETWORK: 06 PHONE:(505)842-7000
PRESBYTERIAN TRANSPLANT CENTER 1100 CENTRAL AVE. SE ALBUQUERQUE, NM 87102 PROVIDER NO: 320021	FACILITY TYPE: TRANSPLANT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 040986 OWNERSHIP: NONPROFIT INTERMEDIARY: 00290 CROSS-REFER NO:322309	HCFA REGION: 06 TOTAL STATIONS: 000 RENAL NETWORK: 06 PHONE:(505)841-1444
VA HOSP 2100 RIDGECREST DR SE ALBUQUERQUE, NM 87108 PROVIDER NO: 32005F	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPD	DATE APPROVED: 083177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00080 CROSS-REFER NO:322305	HCFA REGION: 06 TOTAL STATIONS: 012 RENAL NETWORK: 06 PHONE:(505)265-2418
NEW MEXICO ARTIFICIAL KIDNEY CENTER 400 WALTER N E ALBUQUERQUE, NM 87102 PROVIDER NO: 322500	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 083177 OWNERSHIP: PROFIT INTERMEDIARY: 00290 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 015 RENAL NETWORK: 06 PHONE:(505)242-2674
ALBUQUERQUE KIDNEY CENTER 11296 LOMAS BLVD NE ALBUQUERQUE, NM 87123 PROVIDER NO: 322504	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 100881 OWNERSHIP: PROFIT INTERMEDIARY: 00290 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 010 RENAL NETWORK: 06 PHONE:(505)298-5557
DIALYSIS CLINIC INC 1511 CENTRAL AVE NE ALBUQUERQUE, NM 87106 PROVIDER NO: 322506	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: CAPD	DATE APPROVED: 050183 OWNERSHIP: NONPROFIT INTERMEDIARY: 00290 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 014 RENAL NETWORK: 06 PHONE:(505)243-7376
GUADALUPE MEDICAL CTR 2430 W PIERCE ST CARLSBAD, NM 88220 PROVIDER NO: 320063	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 111279 OWNERSHIP: PROFIT INTERMEDIARY: 00290 CROSS-REFER NO:322307	HCFA REGION: 06 TOTAL STATIONS: 004 RENAL NETWORK: 06 PHONE:(505)887-6633
CLOVIS HIGH PLAINS HOSP 2100 N THOMAS CLOVIS, NM 88101 PROVIDER NO: 320022	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 083177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00290 CROSS-REFER NO:322303	HCFA REGION: 06 TOTAL STATIONS: 006 RENAL NETWORK: 06 PHONE:(505)769-2141
FOUR CORNERS DIALYSIS CTR. 657 N MAPLE FARMINGTON, NM 87401 PROVIDER NO: 322503	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 082079 OWNERSHIP: PROFIT INTERMEDIARY: 00290 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 013 RENAL NETWORK: 06 PHONE:(505)325-2827
REHOBOTH MCKINLEY CHRISTIAN HOSP 1901 RED ROCK DRIVE GALLUP, NM 87301 PROVIDER NO: 320036	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 083177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00290 CROSS-REFER NO:322304	HCFA REGION: 06 TOTAL STATIONS: 008 RENAL NETWORK: 06 PHONE:(505)722-3881

STATE=NEW MEXICO CONTINUED

REHOBETH MCKINLEY CHRISTIAN HOSP-ZUNI	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 042286	HCFA REGION: 06
1901 RED ROCK DRIVE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 006
GALLUP, NM 87301	SELF-CARE:	INTERMEDIARY: 00290	RENAL NETWORK: 06
PROVIDER NO: 323500	TRAINING:	CROSS-REFER NO:	PHONE:(505)782-5663
SOUTHERN NM REGIONAL DIALYSIS CTR	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 120881	HCFA REGION: 06
2919 HILLRISE DRIVE	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 012
LAS CRUCES, NM 88001	SELF-CARE:	INTERMEDIARY: 00290	RENAL NETWORK: 06
PROVIDER NO: 322505	TRAINING: CAPD	CROSS-REFER NO:	PHONE:(505)523-7547
EASTERN N M MEDICAL CENTER	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 070279	HCFA REGION: 06
405 W COUNTRY CLUB RD	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 004
ROSWELL, NM 88201	SELF-CARE:	INTERMEDIARY: 00290	RENAL NETWORK: 05
PROVIDER NO: 320006	TRAINING: CAPD	CROSS-REFER NO:322306	PHONE:(505)622-8170
BIOMEDICAL APPLICATIONS OF SANTA FE	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 010978	HCFA REGION: 06
1650 HOSPITAL DR #800	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 015
SANTA FE, NM 87501	SELF-CARE: HEMO PERI	INTERMEDIARY: 00290	RENAL NETWORK: 06
PROVIDER NO: 322501	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:	PHONE:(505)982-9427

STATE=NEW YORK

ALBANY MEM HOSP	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 02
NORTHERN BLVD	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 007
ALBANY, NY 12204	SELF-CARE:	INTERMEDIARY: 00308	RENAL NETWORK: 26
PROVIDER NO: 330003	TRAINING:	CROSS-REFER NO:332301	PHONE:(518)471-3221
ALBANY MED CTR HOSP	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 090177	HCFA REGION: 02
NEW SCOTLAND AV	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 018
ALBANY, NY 12208	SELF-CARE:	INTERMEDIARY: 00308	RENAL NETWORK: 26
PROVIDER NO: 330013	TRAINING: HEMO CAPD CCPD	CROSS-REFER NO:332306	PHONE:(518)445-3125
GOOD SAMARITAN CHRONIC DIALYSIS CTR	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 090177	HCFA REGION: 02
929 SUNRISE HIGHWAY	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 015
BAY SHORE, NY 11706	SELF-CARE: HEMO	INTERMEDIARY: 00308	RENAL NETWORK: 25
PROVIDER NO: 333504	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(516)335-1880
BAYSIDE DIALYSIS CTR INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 102483	HCFA REGION: 02
201-10 NORTHERN BLVD	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 020
BAYSIDE, NY 11361	SELF-CARE:	INTERMEDIARY: 00308	RENAL NETWORK: 25
PROVIDER NO: 332519	TRAINING: HEMO	CROSS-REFER NO:	PHONE:(212)423-6870
BRONX LEBANON HOSP CTR	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 02
1276 FULTON AVENUE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 004
BRONX, NY 10456	SELF-CARE:	INTERMEDIARY: 00308	RENAL NETWORK: 25
PROVIDER NO: 330009	TRAINING: CAPD	CROSS-REFER NO:332304	PHONE:(212)588-7000
MONTEFIORE HOSP	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 090177	HCFA REGION: 02
111 E 210TH ST	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 011
BRONX, NY 10467	SELF-CARE:	INTERMEDIARY: 00308	RENAL NETWORK: 25
PROVIDER NO: 330059	TRAINING: CAPD	CROSS-REFER NO:332313	PHONE:(212)920-4141
OUR LADY OF MERCY MED CTR	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 02
600 EAST 233RD STREET	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 006
BRONX, NY 10466	SELF-CARE:	INTERMEDIARY: 00308	RENAL NETWORK: 25
PROVIDER NO: 330072	TRAINING:	CROSS-REFER NO:332315	PHONE:(212)653-3010
ST BARNABAS HOSPITAL	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 080781	HCFA REGION: 02
183RD ST & 3RD AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 006
BRONX, NY 10457	SELF-CARE:	INTERMEDIARY: 00308	RENAL NETWORK: 25
PROVIDER NO: 332009	TRAINING: CAPD	CROSS-REFER NO:332375	PHONE:(212)960-9000
GUN HILL DIALYSIS CENTER, INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090177	HCFA REGION: 02
376 EAST GUN HILL RD	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 042
BRONX, NY 10467	SELF-CARE:	INTERMEDIARY: 00308	RENAL NETWORK: 25
PROVIDER NO: 332503	TRAINING: CAPD	CROSS-REFER NO:	PHONE:(212)882-6500
BAUMRITTER KIDNEY CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090177	HCFA REGION: 02
1200 VAN NEST AVE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 012
BRONX, NY 10461	SELF-CARE:	INTERMEDIARY: 00308	RENAL NETWORK: 25
PROVIDER NO: 332505	TRAINING: HEMO PERI CAPD CCPD	CROSS-REFER NO:	PHONE:(212)430-2255
SOUTH BRONX KIDNEY CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090177	HCFA REGION: 02
1834 WEBSTER AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 020
BRONX, NY 10457	SELF-CARE:	INTERMEDIARY: 00308	RENAL NETWORK: 25
PROVIDER NO: 332506	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(212)299-9212

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BROOKLYN HOSP	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 02
121 DEKALB AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 008
BROOKLYN, NY 11201	SELF-CARE:	INTERMEDIARY: 00308	RENAL NETWORK: 25
PROVIDER NO: 330056	TRAINING: CAPD	CROSS-REFER NO:332312	PHONE:(212)270-4411
LONG ISLAND COLLEGE HOSP	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 02
340 HENRY ST	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 023
BROOKLYN, NY 11201	SELF-CARE:	INTERMEDIARY: 00308	RENAL NETWORK: 25
PROVIDER NO: 330152	TRAINING: CAPD	CROSS-REFER NO:332333	PHONE:(212)780-1247
MAIMONIDES MEDICAL CENTER	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 02
4802 TENTH AVENUE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 007
BROOKLYN, NY 11219	SELF-CARE:	INTERMEDIARY: 00308	RENAL NETWORK: 25
PROVIDER NO: 330194	TRAINING:	CROSS-REFER NO:332340	PHONE:(212)270-7358
CONEY ISLAND HOSP	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 051481	HCFA REGION: 02
2601 OCEAN PKWY	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 006
BROOKLYN, NY 11235	SELF-CARE:	INTERMEDIARY: 00308	RENAL NETWORK: 25
PROVIDER NO: 330196	TRAINING:	CROSS-REFER NO:332374	PHONE:(212)615-4000
KINGSBROOK JEWISH MEDICAL CENTER	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 02
86 E 49TH ST RUTLAND RD	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 006
BROOKLYN, NY 11203	SELF-CARE:	INTERMEDIARY: 00308	RENAL NETWORK: 25
PROVIDER NO: 330201	TRAINING:	CROSS-REFER NO:332345	PHONE:(212)756-9700
KINGS CO HOSP CENTER	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 02
451 CLARKSON AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 016
BROOKLYN, NY 11203	SELF-CARE:	INTERMEDIARY: 00308	RENAL NETWORK: 25
PROVIDER NO: 330202	TRAINING:	CROSS-REFER NO:332346	PHONE:(212)735-3027
BROOKDALE HOSP MEDICAL CENTER	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 02
LINDEN BLVD. AT BROOKDALE PLAZA	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 009
BROOKLYN, NY 11212	SELF-CARE:	INTERMEDIARY: 00308	RENAL NETWORK: 25
PROVIDER NO: 330233	TRAINING: CAPD	CROSS-REFER NO:332352	PHONE:(212)240-5000
LUTHERAN MEDICAL CENTER	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 012583	HCFA REGION: 02
150-55TH STREET	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 006
BROOKLYN, NY 11220	SELF-CARE:	INTERMEDIARY: 00308	RENAL NETWORK: 25
PROVIDER NO: 330306	TRAINING:	CROSS-REFER NO:332380	PHONE:(212)630-7300
DOWNSTATE MEDICAL CENTER	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 090177	HCFA REGION: 02
445 LENOX RD BOX 23	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 009
BROOKLYN, NY 11203	SELF-CARE:	INTERMEDIARY: 00308	RENAL NETWORK: 25
PROVIDER NO: 330350	TRAINING: HEMO PERI	CROSS-REFER NO:332364	PHONE:(212)270-2401
INTERFAITH MEDICAL CENTER	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 010183	HCFA REGION: 02
555 PROSPECT PLACE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 031
BROOKLYN, NY 11238	SELF-CARE:	INTERMEDIARY: 00308	RENAL NETWORK: 25
PROVIDER NO: 330397	TRAINING: CAPD CCPD	CROSS-REFER NO:332362	PHONE:(212)240-1340
NEPHROLOGY FOUNDATION OF BROOKLYN	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 121279	HCFA REGION: 02
342 FLATBUSH AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 020
BROOKLYN, NY 11238	SELF-CARE:	INTERMEDIARY: 00308	RENAL NETWORK: 25
PROVIDER NO: 332512	TRAINING: CAPD	CROSS-REFER NO:	PHONE:(212)857-3000

STATE=NEW YORK CONTINUED

SOUTH BROOKLYN NEPHROLOGY CTR INC. 39-15 AVENUE V BROOKLYN, NY 11234 PROVIDER NO: 332516	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 072081 OWNERSHIP: PROFIT INTERMEDIARY: 00308 CROSS-REFER NO:	HCFA REGION: 02 TOTAL STATIONS: 020 RENAL NETWORK: 25 PHONE:(212)252-8440
BROOKLYN KIDNEY CENTER 184 STERLING PLACE BROOKLYN, NY 11217 PROVIDER NO: 333501	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00308 CROSS-REFER NO:	HCFA REGION: 02 TOTAL STATIONS: 022 RENAL NETWORK: 25 PHONE:(212)780-4602
NEPHROLOGY FOUNDATION (SOUTH UNIT) 2651 E 14TH ST BROOKLYN, NY 11235 PROVIDER NO: 332522	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 022384 OWNERSHIP: NONPROFIT INTERMEDIARY: 00308 CROSS-REFER NO:	HCFA REGION: 02 TOTAL STATIONS: 020 RENAL NETWORK: 25 PHONE:(212)332-2500
BROOKLYN HOME DIALYSIS TRAINING CTR 3121 KINGS HIGHWAY BROOKLYN, NY 11234 PROVIDER NO: 332533	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: SELF-CARE: HEMO PERI TRAINING: HEMO PERI	DATE APPROVED: 052386 OWNERSHIP: PROFIT INTERMEDIARY: 00308 CROSS-REFER NO:	HCFA REGION: 02 TOTAL STATIONS: 012 RENAL NETWORK: 25 PHONE:(718)692-0097
BUFFALO GEN HOSP-DEACONESS DIV 100 HIGH ST BUFFALO, NY 14203 PROVIDER NO: 330005	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00308 CROSS-REFER NO:332302	HCFA REGION: 02 TOTAL STATIONS: 020 RENAL NETWORK: 26 PHONE:(716)845-5600
MILLARD FILLMORE HOSP 3 GATES CIRCLE BUFFALO, NY 14209 PROVIDER NO: 330118	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD CCPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00308 CROSS-REFER NO:332323	HCFA REGION: 02 TOTAL STATIONS: 008 RENAL NETWORK: 26 PHONE:(716)887-4830
ERIE CO MED CTR 462 GRIDER ST. BUFFALO, NY 14215 PROVIDER NO: 330219	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00308 CROSS-REFER NO:332350	HCFA REGION: 02 TOTAL STATIONS: 008 RENAL NETWORK: 26 PHONE:(716)898-3000
CHILDRENS HOSP 219 BRYANT ST BUFFALO, NY 14222 PROVIDER NO: 330377	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: CAPD CCPD	DATE APPROVED: 101883 OWNERSHIP: NONPROFIT INTERMEDIARY: 00308 CROSS-REFER NO:332367	HCFA REGION: 02 TOTAL STATIONS: 003 RENAL NETWORK: 26 PHONE:(716)878-7000
WESTERN NY ARTIFICIAL KIDNEY CENTER 237 LINWOOD AVENUE BUFFALO, NY 14209 PROVIDER NO: 332510	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 032779 OWNERSHIP: PROFIT INTERMEDIARY: 00308 CROSS-REFER NO:	HCFA REGION: 02 TOTAL STATIONS: 010 RENAL NETWORK: 26 PHONE:(716)558-6363
THE MARY IMOGENE BASSETT HOSP ATWELL RD COOPERSTOWN, NY 13326 PROVIDER NO: 330136	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00308 CROSS-REFER NO:332329	HCFA REGION: 02 TOTAL STATIONS: 004 RENAL NETWORK: 26 PHONE:(607)547-3456
NASSAU CO MED CTR 2201 HEMPSTEAD TNPK EAST MEADOW, NY 11554 PROVIDER NO: 330027	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00308 CROSS-REFER NO:332308	HCFA REGION: 02 TOTAL STATIONS: 015 RENAL NETWORK: 25 PHONE:(516)542-0123

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CITY HOSP CENTER AT ELMHURST 79-01 BROADWAY ELMHURST, NY 11373 PROVIDER NO: 330128	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00308 CROSS-REFER NO:332328	HCFA REGION: 02 TOTAL STATIONS: 009 RENAL NETWORK: 25 PHONE:(212)830-1168
ST JOHN'S QUEENS HOSPITAL 90-02 QUEENS BLVD ELMHURST, NY 11373 PROVIDER NO: 330357	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 041684 OWNERSHIP: NONPROFIT INTERMEDIARY: 00308 CROSS-REFER NO:332382	HCFA REGION: 02 TOTAL STATIONS: 010 RENAL NETWORK: 25 PHONE:(212)457-1300
ARNOT OGDEN MEMORIAL HOSP ROE AVE GROVE ST ELMIRA, NY 14901 PROVIDER NO: 330090	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00308 CROSS-REFER NO:332318	HCFA REGION: 02 TOTAL STATIONS: 008 RENAL NETWORK: 26 PHONE:(607)737-4100
ST JOHN'S EPISCOPAL HOSP (ESRD) 327 BEACH/19TH STREET FAR ROCKAWAY, NY 11691 PROVIDER NO: 330382	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO	DATE APPROVED: 072181 OWNERSHIP: NONPROFIT INTERMEDIARY: 00308 CROSS-REFER NO:332379	HCFA REGION: 02 TOTAL STATIONS: 010 RENAL NETWORK: 25 PHONE:(718)337-5480
BOOTH MEMORIAL HOSP MAIN ST AT BOOTH MEM AVE FLUSHING, NY 11355 PROVIDER NO: 330055	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00308 CROSS-REFER NO:332311	HCFA REGION: 02 TOTAL STATIONS: 003 RENAL NETWORK: 25 PHONE:(212)670-1258
FLUSHING HOSP & MEDICAL CTR 4500 PARSONS BLVD FLUSHING, NY 11354 PROVIDER NO: 330193	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 092784 OWNERSHIP: NONPROFIT INTERMEDIARY: 00308 CROSS-REFER NO:332383	HCFA REGION: 02 TOTAL STATIONS: 010 RENAL NETWORK: 25 PHONE:(212)670-5000
BOOTH MEMORIAL HOSP SATELLITE 56-45 MAIN ST FLUSHING, NY 11355 PROVIDER NO: 332508	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00308 CROSS-REFER NO:	HCFA REGION: 02 TOTAL STATIONS: 020 RENAL NETWORK: 25 PHONE:(212)961-0400
HUNTINGTON ARTIFICIAL KIDNEY CTR 267 W MERRICK RD FREEPORT, NY 11520 PROVIDER NO: 332529	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI	DATE APPROVED: 082885 OWNERSHIP: PROFIT INTERMEDIARY: 00308 CROSS-REFER NO:	HCFA REGION: 02 TOTAL STATIONS: 020 RENAL NETWORK: 25 PHONE:(516)379-5000
GLENS FALLS HOSPITAL 100 PARK STREET GLENS FALLS, NY 12801 PROVIDER NO: 330191	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 071080 OWNERSHIP: NONPROFIT INTERMEDIARY: 00308 CROSS-REFER NO:332370	HCFA REGION: 02 TOTAL STATIONS: 005 RENAL NETWORK: 26 PHONE:(518)792-3151
SOUTH SHORE DIALYSIS CENTER INC 160 N FRANKLIN AVE HEMPSTEAD, NY 11550 PROVIDER NO: 332521	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 102083 OWNERSHIP: PROFIT INTERMEDIARY: 00308 CROSS-REFER NO:	HCFA REGION: 02 TOTAL STATIONS: 016 RENAL NETWORK: 25 PHONE:(516)483-6702
ST JAMES MERCY HOSP-ESRD 411 CANISTEO ST HORNELL, NY 14843 PROVIDER NO: 330151	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 021986 OWNERSHIP: NONPROFIT INTERMEDIARY: 00308 CROSS-REFER NO:332386	HCFA REGION: 02 TOTAL STATIONS: 004 RENAL NETWORK: 26 PHONE:(607)324-3900

HUNTINGTON HOSP	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 02
270 PARK AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 004
HUNTINGTON, NY 11743	SELF-CARE:	INTERMEDIARY: 00308	RENAL NETWORK: 25
PROVIDER NO: 330045	TRAINING:	CROSS-REFER NO:332310	PHONE:(516)351-2000
HUNTINGTON ARTIFICIAL KIDNEY CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 121979	HCFA REGION: 02
256 BROADWAY	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 006
HUNTINGTON STATION, NY 11746	SELF-CARE:	INTERMEDIARY: 00308	RENAL NETWORK: 25
PROVIDER NO: 332513	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(516)423-4320
QUEENS ARTIFICIAL KIDNEY CTR	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 071680	HCFA REGION: 02
34-35 70TH STREET	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 052
JACKSON HEIGHTS, NY 11372	SELF-CARE: HEMO	INTERMEDIARY: 00308	RENAL NETWORK: 25
PROVIDER NO: 332517	TRAINING:	CROSS-REFER NO:	PHONE:(718)651-9700
SOUTH QUEENS KIDNEY CTR	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 031286	HCFA REGION: 02
175-37 LIBERTY AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 020
JAMAICA, NY 11433	SELF-CARE:	INTERMEDIARY: 00308	RENAL NETWORK: 25
PROVIDER NO: 332531	TRAINING:	CROSS-REFER NO:	PHONE:(718)297-9100
WOMANS CHRISTIAN ASSOC HOSP	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 022680	HCFA REGION: 02
207 FOOTE AVE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 006
JAMESTOWN, NY 14701	SELF-CARE: HEMO PERI	INTERMEDIARY: 00308	RENAL NETWORK: 26
PROVIDER NO: 330239	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:332369	PHONE:(716)487-0141
UNITED HEALTH SERVICES	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 080181	HCFA REGION: 02
33-57 HARRISON ST (BOX 540)	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 004
JOHNSON CITY, NY 13790	SELF-CARE:	INTERMEDIARY: 00308	RENAL NETWORK: 26
PROVIDER NO: 330394	TRAINING: HEMO	CROSS-REFER NO:332373	PHONE:(607)773-6140
KINGSTON HOSP	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 072077	HCFA REGION: 02
396 BROADWAY	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 004
KINGSTON, NY 12401	SELF-CARE:	INTERMEDIARY: 00308	RENAL NETWORK: 25
PROVIDER NO: 330004	TRAINING:	CROSS-REFER NO:332372	PHONE:(914)331-3131
NORTH SHORE UNIV HOSP	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 02
300 COMMUNITY DRIVE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 025
MANHASSET, NY 11030	SELF-CARE:	INTERMEDIARY: 00308	RENAL NETWORK: 25
PROVIDER NO: 330106	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:332322	PHONE:(516)562-0100
ELIZABETH A HORTON MEMORIAL HOSP	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 02
60 PROSPECT AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 012
MIDDLETOWN, NY 10940	SELF-CARE:	INTERMEDIARY: 50333	RENAL NETWORK: 25
PROVIDER NO: 330001	TRAINING: HEMO	CROSS-REFER NO:332300	PHONE:(914)343-2424
WINTHROP UNIVERSITY HOSPITAL	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 02
259 1ST ST	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 016
MINEOLA, NY 11501	SELF-CARE:	INTERMEDIARY: 00308	RENAL NETWORK: 25
PROVIDER NO: 330167	TRAINING: CAPD	CROSS-REFER NO:332336	PHONE:(516)663-2201
LONG ISLAND JEWISH HILLSIDE MED CTR	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 02
LAKEVILLE ROAD	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 006
NEW HYDE PARK, NY 11042	SELF-CARE: HEMO	INTERMEDIARY: 00308	RENAL NETWORK: 25
PROVIDER NO: 330195	TRAINING: HEMO CAPD CCPD	CROSS-REFER NO:332341	PHONE:(212)470-2000

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NEW ROCHELLE HOSP MEDICAL CENTER	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 02
16 GUION PLACE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 009
NEW ROCHELLE, NY 10802	SELF-CARE:	INTERMEDIARY: 00308	RENAL NETWORK: 25
PROVIDER NO: 330184	TRAINING: CAPD	CROSS-REFER NO:332339	PHONE:(914)632-5000
PRESBYTERIAN HOP	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 090177	HCFA REGION: 02
622 W 168TH ST	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 006
NEW YORK, NY 10032	SELF-CARE:	INTERMEDIARY: 00308	RENAL NETWORK: 25
PROVIDER NO: 330012	TRAINING:	CROSS-REFER NO:332305	PHONE:(212)694-7270
MOUNT SINAI MEDICAL CTR-9TH FL	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 090177	HCFA REGION: 02
1 G L LEVY PL HOUSMAN PAV	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 010
NEW YORK, NY 10029	SELF-CARE:	INTERMEDIARY: 00308	RENAL NETWORK: 25
PROVIDER NO: 330024	TRAINING: HEMO CAPD	CROSS-REFER NO:332307	PHONE:(212)650-8062
NY INFIRMARY-BEEKMAN DOWNTOWN HOSP	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 010181	HCFA REGION: 02
170 WILLIAM ST	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 007
NEW YORK, NY 10038	SELF-CARE:	INTERMEDIARY: 00308	RENAL NETWORK: 25
PROVIDER NO: 330064	TRAINING:	CROSS-REFER NO:332326	PHONE:(212)233-5300
NEW YORK HOSP	FACILITY TYPE: TRANSPLANT ONLY	DATE APPROVED: 092383	HCFA REGION: 02
525 E 68TH ST	STAFF-ASSISTED:	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 000
NEW YORK, NY 10021	SELF-CARE:	INTERMEDIARY: 00308	RENAL NETWORK: 25
PROVIDER NO: 330101	TRAINING:	CROSS-REFER NO:332321	PHONE:(212)472-5487
LENOX HILL HOSP	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 02
100 E 77TH ST	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 008
NEW YORK, NY 10021	SELF-CARE:	INTERMEDIARY: 00308	RENAL NETWORK: 25
PROVIDER NO: 330119	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:332324	PHONE:(212)794-4256
ST LUKES HOSP CENTER	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 090177	HCFA REGION: 02
AMSTERDAM AVE & 114TH ST	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 010
NEW YORK, NY 10025	SELF-CARE: HEMO	INTERMEDIARY: 00308	RENAL NETWORK: 25
PROVIDER NO: 330120	TRAINING: HEMO CAPD CCPD	CROSS-REFER NO:332325	PHONE:(212)870-1763
MEMORIAL HOSP	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 02
1275 YORK AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 007
NEW YORK, NY 10021	SELF-CARE:	INTERMEDIARY: 00308	RENAL NETWORK: 25
PROVIDER NO: 330154	TRAINING:	CROSS-REFER NO:332334	PHONE:(212)749-7900
BETH ISRAEL MEDICAL CENTER	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 011786	HCFA REGION: 02
1ST AVE AT 16TH ST	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 010
NEW YORK, NY 10003	SELF-CARE:	INTERMEDIARY: 00308	RENAL NETWORK: 25
PROVIDER NO: 330169	TRAINING: HEMO PERI	CROSS-REFER NO:332387	PHONE:(212)420-2000
METROPOLITAN HOSP CENTER	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 02
1901 1ST AVE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 006
NEW YORK, NY 10029	SELF-CARE:	INTERMEDIARY: 00308	RENAL NETWORK: 25
PROVIDER NO: 330199	TRAINING: CAPD	CROSS-REFER NO:332344	PHONE:(212)360-3739
BELLEVUE HOSPITAL	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 02
27TH ST & FIRST AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 006
NEW YORK, NY 10016	SELF-CARE:	INTERMEDIARY: 00308	RENAL NETWORK: 25
PROVIDER NO: 330204	TRAINING: CAPD	CROSS-REFER NO:332347	PHONE:(212)561-3212

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UNIVERSITY HOSP	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 02
560 FIRST AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 004
NEW YORK, NY 10016	SELF-CARE:	INTERMEDIARY: 00308	RENAL NETWORK: 25
PROVIDER NO: 330214	TRAINING:	CROSS-REFER NO:332349	PHONE:(212)340-5500
ST CLARES HOSP HEALTH CENTER	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 072781	HCFA REGION: 02
415 W 51ST ST	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 006
NEW YORK, NY 10019	SELF-CARE:	INTERMEDIARY: 00308	RENAL NETWORK: 25
PROVIDER NO: 330230	TRAINING:	CROSS-REFER NO:332376	PHONE:(212)586-1500
HARLEM HOSP CTR	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 02
506 LENOX AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 004
NEW YORK, NY 10037	SELF-CARE:	INTERMEDIARY: 00308	RENAL NETWORK: 25
PROVIDER NO: 330240	TRAINING:	CROSS-REFER NO:332354	PHONE:(212)491-8400
ST VINCENTS HOSP MEDICAL CENTER	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 02
153 W 11TH ST	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 004
NEW YORK, NY 10011	SELF-CARE:	INTERMEDIARY: 00308	RENAL NETWORK: 25
PROVIDER NO: 330290	TRAINING:	CROSS-REFER NO:332361	PHONE:(212)790-8323
MANHATTAN KIDNEY CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090177	HCFA REGION: 02
40 EAST 30TH ST	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 028
NEW YORK, NY 10016	SELF-CARE: HEMO	INTERMEDIARY: 00308	RENAL NETWORK: 25
PROVIDER NO: 332502	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(212)725-5540
T CARDINAL COOKE HEALTH CTR-DIALYSIS	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 100179	HCFA REGION: 02
1249 FIFTH AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 013
NEW YORK, NY 10029	SELF-CARE:	INTERMEDIARY: 00308	RENAL NETWORK: 25
PROVIDER NO: 332514	TRAINING: HEMO	CROSS-REFER NO:	PHONE:(212)860-8000
ROGOSIN INSTITUTE	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 092382	HCFA REGION: 02
429 EAST 71ST ST	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 027
NEW YORK, NY 10021	SELF-CARE:	INTERMEDIARY: 00308	RENAL NETWORK: 25
PROVIDER NO: 332520	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:	PHONE:(212)472-5487
CITY DIALYSIS CENTER INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 070584	HCFA REGION: 02
105 EAST 106 ST	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 020
NEW YORK, NY 10029	SELF-CARE:	INTERMEDIARY: 00308	RENAL NETWORK: 25
PROVIDER NO: 332524	TRAINING:	CROSS-REFER NO:	PHONE:(212)348-6637
WEST MANHATTAN KIDNEY CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 120784	HCFA REGION: 02
550 AMSTERDAM AVE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 009
NEW YORK, NY 10024	SELF-CARE:	INTERMEDIARY: 00308	RENAL NETWORK: 25
PROVIDER NO: 332527	TRAINING: HEMO PERI	CROSS-REFER NO:	PHONE:(212)496-2333
LOWER MANHATTAN DIALYSIS CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 080885	HCFA REGION: 02
187 THIRD AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 014
NEW YORK, NY 10003	SELF-CARE:	INTERMEDIARY: 00308	RENAL NETWORK: 25
PROVIDER NO: 332528	TRAINING:	CROSS-REFER NO:	PHONE:(212)673-6320
SOUTHERN MANHATTAN DIALYSIS CTR	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 112085	HCFA REGION: 02
330 WEST 13TH ST	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 016
NEW YORK, NY 10014	SELF-CARE: HEMO PERI	INTERMEDIARY: 00308	RENAL NETWORK: 25
PROVIDER NO: 332530	TRAINING: HEMO PERI	CROSS-REFER NO:	PHONE:(212)675-6880

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VA MEDICAL CENTER RENAL UNIT	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 062382	HCFA REGION: 02
MIDDLEVILLE RD	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 010
NORTHPORT, NY 11768	SELF-CARE:	INTERMEDIARY: 99990	RENAL NETWORK: 25
PROVIDER NO: 33019F	TRAINING: HEMO	CROSS-REFER NO:332378	PHONE:(516)261-4400
A BARTON HEPBURN HOSP	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 02
214 KING ST	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 004
OGDENSBURG, NY 13669	SELF-CARE:	INTERMEDIARY: 00308	RENAL NETWORK: 26
PROVIDER NO: 330211	TRAINING: HEMO	CROSS-REFER NO:332348	PHONE:(315)393-3600
BROOKHAVEN MEMORIAL HOSP	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 02
101 HOSPITAL ROAD	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 006
PATCHOGUE, NY 11772	SELF-CARE: HEMO PERI	INTERMEDIARY: 00308	RENAL NETWORK: 25
PROVIDER NO: 330141	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:332332	PHONE:(516)654-7100
CHAMPLAIN VALLEY PHYSICIANS HOSP	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 02
100 BEEKMAN ST	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 004
PLATTSBURGH, NY 12901	SELF-CARE:	INTERMEDIARY: 00308	RENAL NETWORK: 26
PROVIDER NO: 330250	TRAINING:	CROSS-REFER NO:332356	PHONE:(518)561-2000
ST FRANCIS HOSP	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 041877	HCFA REGION: 02
NORTH RD	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 006
POUGHKEEPSIE, NY 12601	SELF-CARE:	INTERMEDIARY: 00308	RENAL NETWORK: 25
PROVIDER NO: 330067	TRAINING: HEMO PERI	CROSS-REFER NO:332315	PHONE:(914)471-2000
LONG ISLAND JEWISH HOSP SATELLITE	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 090177	HCFA REGION: 02
214-65 JAMAICA AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 015
QUEENS VILLAGE, NY 11427	SELF-CARE:	INTERMEDIARY: 00308	RENAL NETWORK: 25
PROVIDER NO: 333503	TRAINING:	CROSS-REFER NO:	PHONE:(212)464-4646
CENTRAL SUFFOLK HOSP	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 110283	HCFA REGION: 02
244 OLD COUNTRY RD	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 008
RIVERHEAD, NY 11901	SELF-CARE:	INTERMEDIARY: 00308	RENAL NETWORK: 25
PROVIDER NO: 330107	TRAINING: HEMO	CROSS-REFER NO:332381	PHONE:(516)369-6000
ROCHESTER GEN HOSP	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 02
1425 PORTLAND AVE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 010
ROCHESTER, NY 14621	SELF-CARE:	INTERMEDIARY: 00308	RENAL NETWORK: 26
PROVIDER NO: 330125	TRAINING: HEMO PERI CAPD CCPD	CROSS-REFER NO:332327	PHONE:(716)338-4000
GENESEE HOSP	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 02
244 ALEXANDER ST	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 006
ROCHESTER, NY 14607	SELF-CARE:	INTERMEDIARY: 00308	RENAL NETWORK: 26
PROVIDER NO: 330183	TRAINING:	CROSS-REFER NO:332338	PHONE:(716)263-6380
STRONG MEM HOSP (ESRD)	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 090177	HCFA REGION: 02
601 ELMWOOD AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 004
ROCHESTER, NY 14642	SELF-CARE:	INTERMEDIARY: 00308	RENAL NETWORK: 26
PROVIDER NO: 330285	TRAINING: HEMO PERI CCPD	CROSS-REFER NO:332358	PHONE:(716)275-4605
REGIONAL HOSPITAL SVCS INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 030481	HCFA REGION: 02
335 MT VERNON AVE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 014
ROCHESTER, NY 14620	SELF-CARE:	INTERMEDIARY: 00308	RENAL NETWORK: 26
PROVIDER NO: 332515	TRAINING: HEMO	CROSS-REFER NO:	PHONE:(716)461-5605

TOWNE HOUSE DIALYSIS UNIT	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 123184	HCFA REGION: 02
1325 MT HOPE AVE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 020
ROCHESTER, NY 14620	SELF-CARE:	INTERMEDIARY: 00308	RENAL NETWORK: 26
PROVIDER NO: 332526	TRAINING: HEMO PERI CCPD	CROSS-REFER NO:	PHONE:(716)461-0070
CAPITAL DISTRICT DIALYSIS CTR INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 061484	HCFA REGION: 02
1101 NOTT ST	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 008
SCHENECTADY, NY 12308	SELF-CARE:	INTERMEDIARY: 00308	RENAL NETWORK: 26
PROVIDER NO: 332523	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:	PHONE:(518)382-0202
CENTRAL SUFFOLK ARTIFICIAL KIDNEY CTR	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 120381	HCFA REGION: 02
1244 MIDDLE COUNTRY RD	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 008
SELDEN, NY 11784	SELF-CARE:	INTERMEDIARY: 00308	RENAL NETWORK: 25
PROVIDER NO: 332518	TRAINING: CAPD	CROSS-REFER NO:	PHONE:(516)732-5588
STATEN ISLAND HOSP	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 02
475 SEAVIEW AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 008
STATEN ISLAND, NY 10305	SELF-CARE:	INTERMEDIARY: 00308	RENAL NETWORK: 25
PROVIDER NO: 330160	TRAINING: HEMO	CROSS-REFER NO:332335	PHONE:(212)390-9000
BAYLEY SETON HOSPITAL	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 02
BAY ST & VANDERBILT AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 018
STATEN ISLAND, NY 10304	SELF-CARE:	INTERMEDIARY: 00308	RENAL NETWORK: 25
PROVIDER NO: 330381	TRAINING: CAPD	CROSS-REFER NO:332368	PHONE:(212)747-3010
ISLAND REHABILITATIVE SERVICE CORP	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 110779	HCFA REGION: 02
470 SEAVIEW AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 012
STATEN ISLAND, NY 10305	SELF-CARE:	INTERMEDIARY: 00308	RENAL NETWORK: 25
PROVIDER NO: 332511	TRAINING:	CROSS-REFER NO:	PHONE:(212)987-5942
RICHMOND KIDNEY CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 062084	HCFA REGION: 02
1366 VICTORY BLVD	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 017
STATEN ISLAND, NY 10301	SELF-CARE: HEMO PERI	INTERMEDIARY: 00308	RENAL NETWORK: 25
PROVIDER NO: 332525	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:	PHONE:(212)816-6200
UNIVERSITY HOSP,HEALTH SCIENCE CTR	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 031080	HCFA REGION: 02
STATE UNIV OF NEW YORK	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 008
STONYBROOK, NY 11794	SELF-CARE:	INTERMEDIARY: 00308	RENAL NETWORK: 25
PROVIDER NO: 330393	TRAINING: HEMO CAPD	CROSS-REFER NO:332371	PHONE:(516)689-8333
GOOD SAMARITAN HOSP-WEIS RENAL CTR	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 080382	HCFA REGION: 02
RT 59	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 010
SUFFERN, NY 10901	SELF-CARE:	INTERMEDIARY: 00308	RENAL NETWORK: 25
PROVIDER NO: 330158	TRAINING: CAPD	CROSS-REFER NO:332377	PHONE:(914)357-3300
ST JOSEPHS HOSP HEALTH CENTER	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 082277	HCFA REGION: 02
301 PROSPECT AVE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 013
SYRACUSE, NY 13203	SELF-CARE:	INTERMEDIARY: 00308	RENAL NETWORK: 26
PROVIDER NO: 330140	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:332331	PHONE:(315)424-5144
STATE UNIV HOSP-UPSTATE MED CTR	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 090177	HCFA REGION: 02
750 E ADAMS ST	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 009
SYRACUSE, NY 13210	SELF-CARE:	INTERMEDIARY: 00308	RENAL NETWORK: 26
PROVIDER NO: 330241	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:332355	PHONE:(315)473-4655

STATE=NEW YORK CONTINUED

HORTENSE & L R DIALYSIS CTR	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 050986	HCFA REGION: 02
1850 PEOPLES AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 006
TROY, NY 12180	SELF-CARE: HEMO	INTERMEDIARY: 00308	RENAL NETWORK: 26
PROVIDER NO: 332532	TRAINING: HEMO	CROSS-REFER NO:	PHONE:(518)271-0702
ST LUKES MEMORIAL HOSP CENTER	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 02
BOX479	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 018
UTICA, NY 13503	SELF-CARE:	INTERMEDIARY: 00308	RENAL NETWORK: 26
PROVIDER NO: 330044	TRAINING: HEMO CAPD	CROSS-REFER NO:332309	PHONE:(315)798-6000
WESTCHESTER COUNTY MED CTR	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 02
RENAL DIALYSIS UNIT	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 010
VALHALLA, NY 10595	SELF-CARE:	INTERMEDIARY: 00308	RENAL NETWORK: 25
PROVIDER NO: 330234	TRAINING: HEMO CAPD	CROSS-REFER NO:332353	PHONE:(914)347-7700
WESTCHESTER ARTIFICIAL KIDNEY CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090177	HCFA REGION: 02
503 GRASSLANDS RD	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 020
VALHALLA, NY 10595	SELF-CARE:	INTERMEDIARY: 00308	RENAL NETWORK: 25
PROVIDER NO: 332504	TRAINING:	CROSS-REFER NO:	PHONE:(914)592-5858
MERCY HOSPITAL OF WATERTOWN	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 081684	HCFA REGION: 02
218 STONE ST	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 006
WATERTOWN, NY 13601	SELF-CARE:	INTERMEDIARY: 00308	RENAL NETWORK: 26
PROVIDER NO: 330015	TRAINING:	CROSS-REFER NO:332384	PHONE:(315)782-7400
GOOD SAMARITAN HOSPITAL	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 02
1000 MONTAUK HIGHWAY	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 002
WEST ISLIP, NY 11795	SELF-CARE:	INTERMEDIARY: 00308	RENAL NETWORK: 25
PROVIDER NO: 330286	TRAINING: CAPD	CROSS-REFER NO:332359	PHONE:(516)957-4001
ST JOSEPHS HOSP	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 02
127 S BROADWAY	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 014
YONKERS, NY 10701	SELF-CARE:	INTERMEDIARY: 00308	RENAL NETWORK: 25
PROVIDER NO: 330006	TRAINING: HEMO	CROSS-REFER NO:332303	PHONE:(914)965-6700

STATE=NORTH CAROLINA

BMA OF ASHEBORO	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 100186	HCFA REGION: 04
212 FOUST ST	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 008
ASHEBORO, NC 27203	SELF-CARE:	INTERMEDIARY: 00310	RENAL NETWORK: 21
PROVIDER NO: 342524	TRAINING:	CROSS-REFER NO:	PHONE:(919)626-4064
MEMORIAL MISSION HOSP	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 060177	HCFA REGION: 04
509 8ILTMORE AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 004
ASHEVILLE, NC 28801	SELF-CARE:	INTERMEDIARY: 00310	RENAL NETWORK: 21
PROVIDER NO: 340002	TRAINING:	CROSS-REFER NO:342300	PHONE:(704)255-4294
ASHEVILLE KIDNEY CENTER INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090176	HCFA REGION: 04
10 MCDOWELL ST.	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 022
ASHEVILLE, NC 28801	SELF-CARE:	INTERMEDIARY: 00310	RENAL NETWORK: 21
PROVIDER NO: 342506	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:	PHONE:(704)258-8545
NORTH CAROLINA MEMORIAL HOSP-	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 090176	HCFA REGION: 04
MANNING DR-P.O. BOX 501	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 025
CHAPEL HILL, NC 27514	SELF-CARE:	INTERMEDIARY: 00310	RENAL NETWORK: 21
PROVIDER NO: 340061	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:342305	PHONE:(919)966-4359
CHARLOTTE MEMORIAL HOSP	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 090176	HCFA REGION: 04
1000 8LYTHE BLVD-BOX 32861	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 009
CHARLOTTE, NC 28232	SELF-CARE:	INTERMEDIARY: 00310	RENAL NETWORK: 21
PROVIDER NO: 340113	TRAINING:	CROSS-REFER NO:342306	PHONE:(704)373-2121
METROLINA KIDNEY CENTER INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090176	HCFA REGION: 04
928 8AXTER ST	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 054
CHARLOTTE, NC 28201	SELF-CARE:	INTERMEDIARY: 00310	RENAL NETWORK: 21
PROVIDER NO: 342503	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:	PHONE:(704)374-1321
PRES8YTERIAN HOSPITAL (ESRD)	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 090586	HCFA REGION: 04
200 HAWTHORNE LANE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 002
CHARLOTTE, NC 28204	SELF-CARE:	INTERMEDIARY: 00310	RENAL NETWORK: 21
PROVIDER NO: 340053	TRAINING:	CROSS-REFER NO:342309	PHONE:(704)371-4942
METROLINA KIDNEY CENTER/CONCORD UNIT	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 082085	HCFA REGION: 04
217 8RANCHVIEW DR S.E.	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 018
CONCORD, NC 28025	SELF-CARE:	INTERMEDIARY: 00310	RENAL NETWORK: 21
PROVIDER NO: 342519	TRAINING:	CROSS-REFER NO:	PHONE:(704)782-4152
NEUSE RIVER DIALYSIS CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 031486	HCFA REGION: 04
RT 2 BOX 181 B	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 010
CREEDMOOR, NC 27522	SELF-CARE:	INTERMEDIARY: 00310	RENAL NETWORK: 21
PROVIDER NO: 342520	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(919)575-6441
DUKE UNIVERSITY MEDICAL CENTER	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 090176	HCFA REGION: 04
P.O. BOX 2904	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 024
DURHAM, NC 27710	SELF-CARE:	INTERMEDIARY: 00310	RENAL NETWORK: 21
PROVIDER NO: 340030	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:342302	PHONE:(919)286-5676
AL8EMARLE DIALYSIS CENTER INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 030182	HCFA REGION: 04
1140 NORTH ROAD STREET	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 010
ELIZABETH CITY, NC 27909	SELF-CARE:	INTERMEDIARY: 00310	RENAL NETWORK: 21
PROVIDER NO: 342515	TRAINING: CAPD	CROSS-REFER NO:	PHONE:(804)466-9288

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FAYETTEVILLE KIDNEY CENTER INC 1315 AVON ST-P.O.BOX 64665 FAYETTEVILLE, NC 28306 PROVIDER NO: 342510	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 121977 OWNERSHIP: PROFIT INTERMEDIARY: 00310 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 046 RENAL NETWORK: 21 PHONE:(919)323-5288
METROLINA KIDNEY CENTER-GASTON CO RT 5 BOX 64 GASTONIA, NC 28054 PROVIDER NO: 342513	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 111280 OWNERSHIP: PROFIT INTERMEDIARY: 00310 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 020 RENAL NETWORK: 21 PHONE:(704)824-4381
GREENSBORO KIDNEY CENTER INC. 200 W WENDOVER AVE GREENSBORO, NC 27401 PROVIDER NO: 342504	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 090176 OWNERSHIP: PROFIT INTERMEDIARY: 00310 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 047 RENAL NETWORK: 21 PHONE:(919)378-9497
PITT CO MEM HOSP STANTONSBURG RD-BOX 6028 GREENVILLE, NC 27834 PROVIDER NO: 340040	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 120880 OWNERSHIP: NONPROFIT INTERMEDIARY: 00310 CROSS-REFER NO:342303	HCFA REGION: 04 TOTAL STATIONS: 006 RENAL NETWORK: 21 PHONE:(919)757-4400
GREENVILLE DIALYSIS CENTER DOCTORS PARK BLDG 6 GREENVILLE, NC 27834 PROVIDER NO: 342502	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 090176 OWNERSHIP: PROFIT INTERMEDIARY: 00310 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 028 RENAL NETWORK: 21 PHONE:(919)752-1520
NORTHWESTERN DIALYSIS FACILITY INC 350 THIRD AVE NW HICKORY, NC 28601 PROVIDER NO: 342516	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING:	DATE APPROVED: 081283 OWNERSHIP: PROFIT INTERMEDIARY: 00310 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 013 RENAL NETWORK: 21 PHONE:(704)324-9580
HIGH POINT KIDNEY CENTER INC P.O. BOX 5944 HIGH POINT, NC 27262 PROVIDER NO: 342514	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI	DATE APPROVED: 090182 OWNERSHIP: PROFIT INTERMEDIARY: 00310 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 018 RENAL NETWORK: 21 PHONE:(919)889-9200
KINSTON DIALYSIS UNIT 1610 NORTH QUEEN ST KINSTON, NC 28501 PROVIDER NO: 342518	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 020185 OWNERSHIP: PROFIT INTERMEDIARY: 00310 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 013 RENAL NETWORK: 21 PHONE:(919)522-5725
NORTHWESTERN DIALYSIS FACILITY INC 322 MULBERRY ST SW-PO BOX 1258 LENOIR, NC 28645 PROVIDER NO: 342509	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 080177 OWNERSHIP: PROFIT INTERMEDIARY: 00310 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 018 RENAL NETWORK: 21 PHONE:(704)754-5322
LUMBERTON DIALYSIS UNIT 720 WESLEY PINES RD LUMBERTON, NC 28358 PROVIDER NO: 342528	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 112586 OWNERSHIP: PROFIT INTERMEDIARY: 00310 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 016 RENAL NETWORK: 21 PHONE:(919)738-2421
CHARLOTTE ARTIFICIAL KIDNEY CLINIC 632 B MATTHEWS MINT HILL RD MATTHEWS, NC 28105 PROVIDER NO: 342523	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 080686 OWNERSHIP: PROFIT INTERMEDIARY: 00310 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 007 RENAL NETWORK: 21 PHONE:(704)847-0150

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METROLINA KIDNEY CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 100886	HCFA REGION: 04
870 SUNSET DR	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 008
MONROE, NC 28110	SELF-CARE:	INTERMEDIARY: 00310	RENAL NETWORK: 21
PROVIDER NO: 342525	TRAINING:	CROSS-REFER NO:	PHONE:(704)289-8407
MONROE DIALYSIS CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 112486	HCFA REGION: 04
701 E ROOSEVELT BLVD	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 008
MONROE, NC 28110	SELF-CARE:	INTERMEDIARY: 00310	RENAL NETWORK: 21
PROVIDER NO: 342526	TRAINING: HEMO	CROSS-REFER NO:	PHONE:(704)283-0058
THE RALEIGH CLINIC DIALYSIS FACILITY	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 100180	HCFA REGION: 04
201 SWINBURNE ST	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 028
RALEIGH, NC 27610	SELF-CARE:	INTERMEDIARY: 00310	RENAL NETWORK: 21
PROVIDER NO: 342512	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(919)755-8422
WAKE KIDNEY CLINIC PA	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 070786	HCFA REGION: 04
4021 BARRETT DR	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 006
RALEIGH, NC 27609	SELF-CARE:	INTERMEDIARY: 00310	RENAL NETWORK: 21
PROVIDER NO: 342522	TRAINING: HEMO	CROSS-REFER NO:	PHONE:(919)782-3378
ROCKY MOUNT KIDNEY CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 111883	HCFA REGION: 04
234 HILL STREET	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 020
ROCKY MOUNT, NC 27801	SELF-CARE:	INTERMEDIARY: 00310	RENAL NETWORK: 21
PROVIDER NO: 342517	TRAINING:	CROSS-REFER NO:	PHONE:(919)446-0211
STATESVILLE DIALYSIS CTR INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 120586	HCFA REGION: 04
627 SIGNAL HILL DR EXT	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 008
STATESVILLE, NC 28677	SELF-CARE:	INTERMEDIARY: 00310	RENAL NETWORK: 21
PROVIDER NO: 342527	TRAINING:	CROSS-REFER NO:	PHONE:(704)872-0148
SOUTHEASTERN DIALYSIS CTR	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 042286	HCFA REGION: 04
615 S MADISON ST	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 008
WHITEVILLE, NC 28472	SELF-CARE:	INTERMEDIARY: 00310	RENAL NETWORK: 21
PROVIDER NO: 342521	TRAINING:	CROSS-REFER NO:	PHONE:(919)642-0233
SOUTHEASTERN DIALYSIS CENTER INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 032679	HCFA REGION: 04
2215 YAUPON DRIVE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 036
WILMINGTON, NC 28401	SELF-CARE:	INTERMEDIARY: 00310	RENAL NETWORK: 21
PROVIDER NO: 342511	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:	PHONE:(919)343-0664
CAROLINA CLINIC KIDNEY CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090176	HCFA REGION: 04
1700 S TARBORO ST	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 022
WILSON, NC 27893	SELF-CARE:	INTERMEDIARY: 00310	RENAL NETWORK: 21
PROVIDER NO: 342507	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:	PHONE:(919)291-8416
NORTH CAROLINA BAPTIST HOSP-	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 090176	HCFA REGION: 04
300 S HAWTHORNE RD	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 004
WINSTON-SALEM, NC 27103	SELF-CARE:	INTERMEDIARY: 00310	RENAL NETWORK: 21
PROVIDER NO: 340047	TRAINING: HEMO	CROSS-REFER NO:342304	PHONE:(919)748-2011
PIEDMONT DIALYSIS CENTER INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090176	HCFA REGION: 04
120 MILLER ST	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 060
WINSTON-SALEM, NC 27103	SELF-CARE:	INTERMEDIARY: 00310	RENAL NETWORK: 21
PROVIDER NO: 342505	TRAINING: HEMO PERI CAPD CCPD	CROSS-REFER NO:	PHONE:(919)748-4544

STATE=NORTH DAKOTA

ST ALEXIUS MEDICAL CTR	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 070577	HCFA REGION: 08
900 E BROADWAY	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 011
BISMARCK, ND 58502	SELF-CARE:	INTERMEDIARY: 00320	RENAL NETWORK: 07
PROVIDER NO: 350002	TRAINING: HEMO CAPD	CROSS-REFER NO:352300	PHONE:(701)224-7108
DAKOTA HOSPITAL	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 080177	HCFA REGION: 08
1720 S UNIVERSITY DR-BOX 6014	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 010
FARGO, ND 58103	SELF-CARE:	INTERMEDIARY: 00320	RENAL NETWORK: 07
PROVIDER NO: 350004	TRAINING: CAPD	CROSS-REFER NO:352301	PHONE:(701)280-4496
UNITED HOSPITAL	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 081877	HCFA REGION: 08
1200 S. COLUMBIA RD.	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 009
GRAND FORKS, ND 58201	SELF-CARE:	INTERMEDIARY: 00320	RENAL NETWORK: 07
PROVIDER NO: 350019	TRAINING: HEMO CAPD	CROSS-REFER NO:352302	PHONE:(701)780-5877
TRINITY MEDICAL CENTER HOSP	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 071778	HCFA REGION: 08
BURDICK EXPRESSWAY	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 005
MINOT, ND 58701	SELF-CARE:	INTERMEDIARY: 00320	RENAL NETWORK: 07
PROVIDER NO: 350043	TRAINING: CAPD	CROSS-REFER NO:352303	PHONE:(701)857-5404

STATE=OHIO

AKRON CITY HOSPITAL 525 EAST MARKET STREET AKRON, OH 44309 PROVIDER NO: 360015	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00334 CROSS-REFER NO:362303	HCFA REGION: 05 TOTAL STATIONS: 008 RENAL NETWORK: 22 PHONE:(216)375-3000
ST THOMAS HOSPITAL MEDICAL CENTER 444 NORTH MAIN STREET AKRON, OH 44310 PROVIDER NO: 360020	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 082079 OWNERSHIP: NONPROFIT INTERMEDIARY: 00334 CROSS-REFER NO:362329	HCFA REGION: 05 TOTAL STATIONS: 004 RENAL NETWORK: 22 PHONE:(216)379-1111
BIO-MEDICAL APPLICATIONS OF AKRON INC 345 BISHOP STREET AKRON, OH 44307 PROVIDER NO: 362503	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 090177 OWNERSHIP: PROFIT INTERMEDIARY: 00334 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 022 RENAL NETWORK: 22 PHONE:(216)376-4905
CHILDREN'S HOSP MEDICAL CTR 281 LOCUST ST AKRON, OH 44308 PROVIDER NO: 363303	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 121383 OWNERSHIP: NONPROFIT INTERMEDIARY: 00332 CROSS-REFER NO:362328	HCFA REGION: 05 TOTAL STATIONS: 002 RENAL NETWORK: 22 PHONE:(216)379-8340
FRANK NAPPI FOUNDATION KIDNEY DIAL CTR 1047 LAKE AVENUE ASHTABULA, OH 44004 PROVIDER NO: 362507	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 113080 OWNERSHIP: NONPROFIT INTERMEDIARY: 00363 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 006 RENAL NETWORK: 22 PHONE:(216)964-9777
AULTMAN HOSPITAL 2600 6TH STREET CANTON, OH 44710 PROVIDER NO: 360084	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 020482 OWNERSHIP: NONPROFIT INTERMEDIARY: 00332 CROSS-REFER NO:362325	HCFA REGION: 05 TOTAL STATIONS: 008 RENAL NETWORK: 22 PHONE:(216)438-6352
UNIVERSITY HOSPITAL 234 GOODMAN STREET CINCINNATI, OH 45267 PROVIDER NO: 360003	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00332 CROSS-REFER NO:362300	HCFA REGION: 05 TOTAL STATIONS: 008 RENAL NETWORK: 17 PHONE:(513)872-3100
GOOD SAMARITAN HOSPITAL 3217 CLIFTON AVENUE CINCINNATI, OH 45220 PROVIDER NO: 360134	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00332 CROSS-REFER NO:362315	HCFA REGION: 05 TOTAL STATIONS: 009 RENAL NETWORK: 17 PHONE:(513)872-2501
CHRIST HOSPITAL 2139 AUBURN AVENUE CINCINNATI, OH 45219 PROVIDER NO: 360163	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00332 CROSS-REFER NO:362319	HCFA REGION: 05 TOTAL STATIONS: 013 RENAL NETWORK: 17 PHONE:(513)369-2151
COMMUNITY LIMITED CARE DIALYSIS CTR 2915 CLIFTON AVE CINCINNATI, OH 45220 PROVIDER NO: 362502	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00332 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 019 RENAL NETWORK: 17 PHONE:(513)872-2733
DIALYSIS CLINICS INC. 499 E MCMILLAN CINCINNATI, OH 45206 PROVIDER NO: 362504	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00332 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 027 RENAL NETWORK: 17 PHONE:(513)281-0091

STATE=OHIO CONTINUED

CHILDRENS HOSP MED CTR-ESRD ELLAND AND BETHESDA AVES CINCINNATI, OH 45229 PROVIDER NO: 363300	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00332 CROSS-REFER NO:362321	HCFA REGION: 05 TOTAL STATIONS: 006 RENAL NETWORK: 17 PHONE:(513)559-4200
ST JOHN HOSPITAL 7911 DETROIT AVE CLEVELAND, OH 44102 PROVIDER NO: 360053	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00332 CROSS-REFER NO:362309	HCFA REGION: 05 TOTAL STATIONS: 007 RENAL NETWORK: 22 PHONE:(216)651-7000
CLEVELAND METRO GEN HOSP 3395 SCRANTON RD CLEVELAND, OH 44106 PROVIDER NO: 360059	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00332 CROSS-REFER NO:362310	HCFA REGION: 05 TOTAL STATIONS: 008 RENAL NETWORK: 22 PHONE:(216)398-6000
MT SINAI MEDICAL CTR UNIVERSITY CIRCLE CLEVELAND, OH 44106 PROVIDER NO: 360075	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00332 CROSS-REFER NO:362311	HCFA REGION: 05 TOTAL STATIONS: 014 RENAL NETWORK: 22 PHONE:(216)421-4000
UNIVERSITY HOSPITALS OF CLEVELAND 2074 ABINGTON RD CLEVELAND, OH 44106 PROVIDER NO: 360137	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00332 CROSS-REFER NO:362316	HCFA REGION: 05 TOTAL STATIONS: 010 RENAL NETWORK: 22 PHONE:(216)444-1000
CLEVELAND CLINIC FOUNDATION 9500 EUCLID CLEVELAND, OH 44106 PROVIDER NO: 360180	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00332 CROSS-REFER NO:362320	HCFA REGION: 05 TOTAL STATIONS: 028 RENAL NETWORK: 22 PHONE:(216)444-2480
RIVERSIDE METHODIST HOSPITAL 3535 OLENTANGY RIVER RD COLUMBUS, OH 43214 PROVIDER NO: 360006	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00334 CROSS-REFER NO:362301	HCFA REGION: 05 TOTAL STATIONS: 024 RENAL NETWORK: 22 PHONE:(614)261-5000
MT CARMEL MEDICAL CTR (ESRD) 793 W STATE ST COLUMBUS, OH 43222 PROVIDER NO: 360035	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00334 CROSS-REFER NO:362305	HCFA REGION: 05 TOTAL STATIONS: 010 RENAL NETWORK: 22 PHONE:(614)225-6000
OHIO STATE UNIVERSITY HOSP 410 W 10TH AVE COLUMBUS, OH 43210 PROVIDER NO: 360085	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00334 CROSS-REFER NO:362313	HCFA REGION: 05 TOTAL STATIONS: 011 RENAL NETWORK: 22 PHONE:(614)421-8000
DOCTORS HOSPITAL NORTH 1087 DENNISON AVE COLUMBUS, OH 43201 PROVIDER NO: 360152	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI	DATE APPROVED: 011284 OWNERSHIP: PROFIT INTERMEDIARY: 00334 CROSS-REFER NO:362327	HCFA REGION: 05 TOTAL STATIONS: 006 RENAL NETWORK: 22 PHONE:(614)297-4000
CENTRAL OHIO DIALYSIS CENTER 4041 N HIGH ST COLUMBUS, OH 43214 PROVIDER NO: 362501	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO	DATE APPROVED: 090177 OWNERSHIP: PROFIT INTERMEDIARY: 00334 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 027 RENAL NETWORK: 22 PHONE:(614)261-9875

STATE=OHIO CONTINUED

THE CHILDREN'S HOSPITAL-ESRD	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 082284	HCFA REGION: 05
700 CHILDREN'S DRIVE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 003
COLUMBUS, OH 43205	SELF-CARE:	INTERMEDIARY: 00334	RENAL NETWORK: 22
PROVIDER NO: 363305	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:362326	PHONE:(614)461-2000
MIAMI VALLEY HOSP	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 090177	HCFA REGION: 05
ONE WYOMING ST	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 031
DAYTON, OH 45409	SELF-CARE:	INTERMEDIARY: 00332	RENAL NETWORK: 17
PROVIDER NO: 360051	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:362307	PHONE:(513)223-6192
COMMUNITY DIALYSIS CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090177	HCFA REGION: 05
P.O. BOX 12220	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 038
EAST CLEVELAND, OH 44112	SELF-CARE:	INTERMEDIARY: 00332	RENAL NETWORK: 22
PROVIDER NO: 362500	TRAINING: HEMO	CROSS-REFER NO:	PHONE:(216)229-1100
ELYRIA MEMORIAL HOSPITAL	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 05
630 EAST RIVER STREET	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 016
ELYRIA, OH 44035	SELF-CARE:	INTERMEDIARY: 00332	RENAL NETWORK: 22
PROVIDER NO: 360145	TRAINING: CAPD	CROSS-REFER NO:362318	PHONE:(216)323-3221
LIMA MEM HOSP	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 05
LINDEN & MOBEL STS	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 009
LIMA, OH 45804	SELF-CARE:	INTERMEDIARY: 00332	RENAL NETWORK: 22
PROVIDER NO: 360009	TRAINING: PERI CAPD CCPD	CROSS-REFER NO:362302	PHONE:(419)228-3335
MANSFIELD KIDNEY CTR BMA	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 081880	HCFA REGION: 05
597 PARK AVENUE EAST	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 008
MANSFIELD, OH 44906	SELF-CARE:	INTERMEDIARY: 00334	RENAL NETWORK: 22
PROVIDER NO: 362508	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(419)526-4430
COMMUNITY DIALYSIS CTR	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 022780	HCFA REGION: 05
9002 MENTOR AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 010
MENTOR, OH 44060	SELF-CARE:	INTERMEDIARY: 00332	RENAL NETWORK: 22
PROVIDER NO: 362505	TRAINING:	CROSS-REFER NO:	PHONE:(216)951-3602
COMMUNITY LIMITED CARE DIALYSIS	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 033180	HCFA REGION: 05
6 EAST AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 007
MONROE, OH 45050	SELF-CARE:	INTERMEDIARY: 00334	RENAL NETWORK: 17
PROVIDER NO: 362506	TRAINING:	CROSS-REFER NO:	PHONE:(513)381-1825
CLEVELAND CLINIC WEST SIDE DIAL CTR	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 051679	HCFA REGION: 05
5230 HAUSERMAN RD	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 015
PARMA, OH 44130	SELF-CARE:	INTERMEDIARY: 00332	RENAL NETWORK: 22
PROVIDER NO: 363500	TRAINING:	CROSS-REFER NO:	PHONE:(216)888-6344
R.E. MARTIN MEMORIAL DIALYSIS CENTER	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 022381	HCFA REGION: 05
1248 KINNEYS LANE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 008
PORTSMOUTH, OH 45662	SELF-CARE:	INTERMEDIARY: 00332	RENAL NETWORK: 22
PROVIDER NO: 360022	TRAINING: HEMO CAPD	CROSS-REFER NO:362324	PHONE:(614)353-2131
PROVIDENCE HOSP	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090678	HCFA REGION: 05
1725 COLUMBUS AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 005
SANDUSKY, OH 44870	SELF-CARE:	INTERMEDIARY: 00332	RENAL NETWORK: 22
PROVIDER NO: 360024	TRAINING:	CROSS-REFER NO:362322	PHONE:(419)625-8450

STATE=OHIO CONTINUED

CLARK COUNTY DIALYSIS FACILITY INC 247 S BURNETT RD SPRINGFIELD, OH 45505 PROVIDER NO: 362510	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 112383 OWNERSHIP: NONPROFIT INTERMEDIARY: 00332 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 010 RENAL NETWORK: 17 PHONE:(513)325-5112
ST JOHN MEDICAL CTR ST JOHN HEIGHTS STEUBENVILLE, OH 43952 PROVIDER NO: 360083	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00332 CROSS-REFER NO:362312	HCFA REGION: 05 TOTAL STATIONS: 019 RENAL NETWORK: 22 PHONE:(614)264-8000
MEDICAL COLLEGE OF OHIO AT TOLEDO 3000 ARLINGTON AVE-CS 10008 TOLEDO, OH 43699 PROVIDER NO: 360048	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00332 CROSS-REFER NO:362306	HCFA REGION: 05 TOTAL STATIONS: 000 RENAL NETWORK: 22 PHONE:(419)381-3411
THE TOLEDO HOSP DIAL UNIT 2142 NORTH COVE BLVD TOLEDO, OH 43606 PROVIDER NO: 360068	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 062778 OWNERSHIP: NONPROFIT INTERMEDIARY: 00332 CROSS-REFER NO:362323	HCFA REGION: 05 TOTAL STATIONS: 004 RENAL NETWORK: 22 PHONE:(419)473-4000
ST VINCENTS MEDICAL CENTER 2213 CHERRY ST TOLEDO, OH 43608 PROVIDER NO: 360112	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00332 CROSS-REFER NO:362314	HCFA REGION: 05 TOTAL STATIONS: 031 RENAL NETWORK: 22 PHONE:(419)259-4098
GREENFIELD HEALTH SYSTEMS CORP 2025 ARLINGTON AVE TOLEDO, OH 43609 PROVIDER NO: 362509	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO TRAINING: HEMO CAPD	DATE APPROVED: 082481 OWNERSHIP: PROFIT INTERMEDIARY: 00332 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 012 RENAL NETWORK: 22 PHONE:(419)389-9681
ST ELIZABETH HOSP MED CTR 1044 BELMONT AVE YOUNGSTOWN, OH 44505 PROVIDER NO: 360064	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 060281 OWNERSHIP: NONPROFIT INTERMEDIARY: 00332 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 012 RENAL NETWORK: 22 PHONE:(216)746-7211
YOUNGSTOWN HOSP ASSOC GYPSY LANE & GOLETA AVE YOUNGSTOWN, OH 44501 PROVIDER NO: 360141	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00332 CROSS-REFER NO:362317	HCFA REGION: 05 TOTAL STATIONS: 019 RENAL NETWORK: 22 PHONE:(216)747-1431
ZANESVILLE DIALYSIS CENTER 3120 NEWARK RD ZANESVILLE, OH 43701 PROVIDER NO: 362511	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 121683 OWNERSHIP: PROFIT INTERMEDIARY: 00332 CROSS-REFER NO:	HCFA REGION: 05 TOTAL STATIONS: 006 RENAL NETWORK: 22 PHONE:(614)452-4525

STATE=OKLAHOMA

HILLCREST/J PHILLIPS DX FAC	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 010185	HCFA REGION: 06
3500 E FRANK PHILLIPS BLVD	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 005
BARLLESVILLE, OK 74003	SELF-CARE:	INTERMEDIARY: 00340	RENAL NETWORK: 10
PROVIDER NO: 373502	TRAINING:	CROSS-REFER NO:	PHONE:(918)333-7200
CLINTON REGIONAL HOSP	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 083177	HCFA REGION: 06
P.O. BOX 218	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 004
CLINTON, OK 73601	SELF-CARE:	INTERMEDIARY: 52280	RENAL NETWORK: 10
PROVIDER NO: 370029	TRAINING:	CROSS-REFER NO:372304	PHONE:(405)323-2363
MIDWEST DIALYSIS DUNCAN INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 040379	HCFA REGION: 06
2645 WEST ELK AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 008
DUNCAN, OK 73533	SELF-CARE:	INTERMEDIARY: 00340	RENAL NETWORK: 10
PROVIDER NO: 372503	TRAINING:	CROSS-REFER NO:	PHONE:(405)252-0097
ST MARYS HOSP OF ENID INC	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 083177	HCFA REGION: 06
P.O. BOX 232	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 008
ENID, OK 73702	SELF-CARE: HEMO	INTERMEDIARY: 00340	RENAL NETWORK: 10
PROVIDER NO: 370026	TRAINING: HEMO	CROSS-REFER NO:372302	PHONE:(405)233-6100
MC ALESTER GEN HOSP	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 083177	HCFA REGION: 06
1 CLARK BASS BLVD	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 006
MCALESTER, OK 74501	SELF-CARE:	INTERMEDIARY: 00340	RENAL NETWORK: 10
PROVIDER NO: 370034	TRAINING:	CROSS-REFER NO:372305	PHONE:(918)426-1800
HILLCREST BAPT REG HLTH CTR	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 110386	HCFA REGION: 06
102 B SOUTHWEST	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 008
MIAMI, OK 74354	SELF-CARE:	INTERMEDIARY: 00340	RENAL NETWORK: 10
PROVIDER NO: 370004	TRAINING:	CROSS-REFER NO:372318	PHONE:(918)540-1827
HILLCREST/MUSKOGEE DX FAC	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 010185	HCFA REGION: 06
300 ROCKEFELLER DR	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 005
MUSKOGEE, OK 74401	SELF-CARE:	INTERMEDIARY: 00340	RENAL NETWORK: 10
PROVIDER NO: 373501	TRAINING:	CROSS-REFER NO:	PHONE:(918)682-5501
BAPTIST MEDICAL CENTER OF OKLAHOMA INC	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 083177	HCFA REGION: 06
3300 NORTH WEST EXPRESSWAY	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 005
OKLAHOMA CITY, OK 73112	SELF-CARE: HEMO	INTERMEDIARY: 00340	RENAL NETWORK: 10
PROVIDER NO: 370028	TRAINING: HEMO CAPD	CROSS-REFER NO:372303	PHONE:(405)949-3011
OKLAHOMA MEMORIAL HOSPITAL	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 083177	HCFA REGION: 06
PO BOX 26307	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 008
OKLAHOMA CITY, OK 73126	SELF-CARE:	INTERMEDIARY: 00340	RENAL NETWORK: 10
PROVIDER NO: 370035	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:372313	PHONE:(405)271-4624
ST ANTHONY HOSP	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 083177	HCFA REGION: 06
1000 N LEE ST	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 009
OKLAHOMA CITY, OK 73102	SELF-CARE: HEMO PERI	INTERMEDIARY: 00340	RENAL NETWORK: 10
PROVIDER NO: 370037	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:372306	PHONE:(405)272-7000
PRESBYTERIAN HOSPITAL INC	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 012083	HCFA REGION: 06
NORTHEAST 13TH & LINCOLN BLVD	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 004
OKLAHOMA CITY, OK 73104	SELF-CARE:	INTERMEDIARY: 00340	RENAL NETWORK: 10
PROVIDER NO: 370093	TRAINING:	CROSS-REFER NO:372314	PHONE:(405)271-8018

STATE=OKLAHOMA CONTINUED

VA HOSP	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 083177	HCFA REGION: 06
921 NE 13TH ST,111G1	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 010
OKLAHOMA CITY, OK 73104	SELF-CARE: HEMO	INTERMEDIARY: 00080	RENAL NETWORK: 10
PROVIDER NO: 37014F	TRAINING: HEMO CAPD	CROSS-REFER NO:372310	PHONE:(405)272-9876
OKLAHOMA CHILDRENS MEM HOSP	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 090177	HCFA REGION: 06
P.O. BOX 26901	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 000
OKLAHOMA CITY, OK 73190	SELF-CARE: HEMO PERI	INTERMEDIARY: 00340	RENAL NETWORK: 10
PROVIDER NO: 370167	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:372311	PHONE:(405)271-6165
MIDWEST DIALYSIS INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 083177	HCFA REGION: 06
4312 CLASSEN BOULEVARD	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 010
OKLAHOMA CITY, OK 73118	SELF-CARE: HEMO	INTERMEDIARY: 00340	RENAL NETWORK: 10
PROVIDER NO: 372500	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(405)521-1101
OKLAHOMA DIALYSIS INC.	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090778	HCFA REGION: 06
312 NW 13TH	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 010
OKLAHOMA CITY, OK 73103	SELF-CARE: HEMO	INTERMEDIARY: 00340	RENAL NETWORK: 10
PROVIDER NO: 372502	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(405)236-3043
HILLCREST/OKMULGEE DIALYSIS FACILITY	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 010185	HCFA REGION: 06
P.O. BOX 610	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 008
OKMULGEE, OK 74447	SELF-CARE:	INTERMEDIARY: 00340	RENAL NETWORK: 10
PROVIDER NO: 373500	TRAINING:	CROSS-REFER NO:	PHONE:(918)584-1351
ST JOSEPHS HOSPITAL	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 090177	HCFA REGION: 06
14TH & HARTFORD(P.O. BOX 1270)	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 006
PONCA CITY, OK 74602	SELF-CARE:	INTERMEDIARY: 00340	RENAL NETWORK: 10
PROVIDER NO: 370006	TRAINING:	CROSS-REFER NO:372301	PHONE:(405)765-3321
SAYRE MEMORIAL HOSPITAL	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 083177	HCFA REGION: 06
P.O. BOX 100	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 003
SAYRE, OK 73662	SELF-CARE:	INTERMEDIARY: 00340	RENAL NETWORK: 10
PROVIDER NO: 370103	TRAINING:	CROSS-REFER NO:372309	PHONE:(405)928-5541
TULSA DIALYSIS AT SO COFFEYVILLE	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 040386	HCFA REGION: 06
125 WILLOW	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 006
SO COFFEYVILLE, OK 74048	SELF-CARE:	INTERMEDIARY: 00340	RENAL NETWORK: 10
PROVIDER NO: 372507	TRAINING:	CROSS-REFER NO:	PHONE:(918)255-6011
STILLWATER MEDICAL CENTER ESRD	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 082683	HCFA REGION: 06
P.O. BOX 2408	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 004
STILLWATER, OK 74076	SELF-CARE:	INTERMEDIARY: 00340	RENAL NETWORK: 10
PROVIDER NO: 372505	TRAINING:	CROSS-REFER NO:	PHONE:(405)372-1480
TAHLEQUAH CITY HOSP	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 083177	HCFA REGION: 06
P.O. BOX 1008	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 001
TAHLEQUAH, OK 74461	SELF-CARE:	INTERMEDIARY: 00340	RENAL NETWORK: 10
PROVIDER NO: 370089	TRAINING:	CROSS-REFER NO:372307	PHONE:(918)456-0641
HILLCREST MEDICAL CENTER	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 090177	HCFA REGION: 06
1145 SOUTH UTICA, SUITE 607	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 017
TULSA, OK 74104	SELF-CARE: HEMO	INTERMEDIARY: 00340	RENAL NETWORK: 10
PROVIDER NO: 370001	TRAINING: HEMO PERI CAPD CCPD	CROSS-REFER NO:372300	PHONE:(918)584-1351

STATE=OKLAHOMA CONTINUED

OKLAHOMA OSTEOPATHIC HOSPITAL	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 051377	HCFA REGION: 06
NINTH AT JACKSON	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 007
TULSA, OK 74127	SELF-CARE: HEMO	INTERMEDIARY: 00340	RENAL NETWORK: 10
PROVIDER NO: 370078	TRAINING: HEMO CAPD	CROSS-REFER NO:372312	PHONE:(918)599-5930
ST FRANCIS HOSP	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 083177	HCFA REGION: 06
6161 S YALE AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 009
TULSA, OK 74136	SELF-CARE: HEMO	INTERMEDIARY: 52280	RENAL NETWORK: 10
PROVIDER NO: 370091	TRAINING: HEMO CAPD	CROSS-REFER NO:372308	PHONE:(918)494-2200
TULSA DIALYSIS CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 062383	HCFA REGION: 06
4436 S HARVARD AVE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 016
TULSA, OK 74135	SELF-CARE:	INTERMEDIARY: 00340	RENAL NETWORK: 10
PROVIDER NO: 372504	TRAINING: HEMO PERI	CROSS-REFER NO:	PHONE:(918)743-8128

STATE=OREGON

EASTERN CASCADE DIALYSIS CENTER	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 080683	HCFA REGION: 10
369 N.E. REVERE AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 004
BEND, OR 97701	SELF-CARE:	INTERMEDIARY: 00350	RENAL NETWORK: 02
PROVIDER NO: 383501	TRAINING:	CROSS-REFER NO:	PHONE:(503)388-4609
SACRED HEART GENERAL HOSPITAL	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 10
1255 HILYARD ST	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 010
EUGENE, OR 97401	SELF-CARE:	INTERMEDIARY: 00350	RENAL NETWORK: 02
PROVIDER NO: 380033	TRAINING: HEMO CAPD	CROSS-REFER NO:382302	PHONE:(503)686-7067
COMMUNITY DIALYSIS OF MEDFORD	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090177	HCFA REGION: 10
1005 E MAIN ST SUITE 5	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 009
MEDFORD, OR 97501	SELF-CARE:	INTERMEDIARY: 00350	RENAL NETWORK: 02
PROVIDER NO: 382501	TRAINING: HEMO PERI CAPD CCPD	CROSS-REFER NO:	PHONE:(503)772-1912
UNIV OF OREGON HEALTH SCIENCES CTR	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 090177	HCFA REGION: 10
3181 SW SAM JACKSON PARK RD	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 008
PORTLAND, OR 97201	SELF-CARE:	INTERMEDIARY: 00350	RENAL NETWORK: 02
PROVIDER NO: 380009	TRAINING: CAPD	CROSS-REFER NO:382300	PHONE:(503)225-7555
GOOD SAMARITAN HOSP & MED CENTER	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 10
1015 NW 22 AVE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 031
PORTLAND, OR 97210	SELF-CARE:	INTERMEDIARY: 00350	RENAL NETWORK: 02
PROVIDER NO: 380017	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:382301	PHONE:(503)229-7357
PROVIDENCE MEDICAL CTR (ESRD)	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 10
4805 NE GLISAN	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 007
PORTLAND, OR 97213	SELF-CARE:	INTERMEDIARY: 00350	RENAL NETWORK: 02
PROVIDER NO: 380061	TRAINING: HEMO CAPD	CROSS-REFER NO:382303	PHONE:(503)230-1111
OREGON KIDNEY CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090177	HCFA REGION: 10
5314 NE IRVING	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 021
PORTLAND, OR 97213	SELF-CARE:	INTERMEDIARY: 00350	RENAL NETWORK: 02
PROVIDER NO: 382500	TRAINING: HEMO PERI	CROSS-REFER NO:	PHONE:(503)284-1939
MERCY REGIONAL DIALYSIS CTR	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090783	HCFA REGION: 10
201 NW MEDICAL LOOP RD #190	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 005
ROSEBURG, OR 97470	SELF-CARE:	INTERMEDIARY: 00350	RENAL NETWORK: 02
PROVIDER NO: 382504	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(503)440-2493
COMMUNITY DIALYSIS OF SALEM	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 083178	HCFA REGION: 10
420 MILL ST SE	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 010
SALEM, OR 97301	SELF-CARE:	INTERMEDIARY: 00350	RENAL NETWORK: 02
PROVIDER NO: 382502	TRAINING: HEMO	CROSS-REFER NO:	PHONE:(503)371-8047

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ABINGTON MEMORIAL HOSP	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 03
1200 OLD YORK RD	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 006
ABINGTON, PA 19001	SELF-CARE:	INTERMEDIARY: 51390	RENAL NETWORK: 24
PROVIDER NO: 390231	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:392333	PHONE:(215)885-4000
BIO-MEDICAL APPL OF ABINGTON INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090177	HCFA REGION: 03
1231 OLD YORK ROAD	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 020
ABINGTON, PA 19001	SELF-CARE:	INTERMEDIARY: 51390	RENAL NETWORK: 24
PROVIDER NO: 392506	TRAINING: HEMO CAPD CCPD	CROSS-REFER NO:	PHONE:(215)887-7100
THE ALLENTOWN HOSPITAL	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 070177	HCFA REGION: 03
17TH & CHEW STS	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 013
ALLENTOWN, PA 18104	SELF-CARE:	INTERMEDIARY: 00363	RENAL NETWORK: 24
PROVIDER NO: 390133	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:392322	PHONE:(215)821-2204
BMA OF ALLENTOWN	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 070177	HCFA REGION: 03
2015 HAMILTON ST. SUITE 208	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 022
ALLENTOWN, PA 18104	SELF-CARE: HEMO	INTERMEDIARY: 00363	RENAL NETWORK: 24
PROVIDER NO: 392505	TRAINING: CAPD	CROSS-REFER NO:	PHONE:(215)435-6718
DIALYSIS CLINICS INC OF ALQUIPPA	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 022481	HCFA REGION: 03
2400 HOSPITAL DR	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 018
ALQUIPPA, PA 15001	SELF-CARE: HEMO PERI	INTERMEDIARY: 00363	RENAL NETWORK: 22
PROVIDER NO: 392529	TRAINING: HEMO PERI CAPD CCPD	CROSS-REFER NO:	PHONE:(412)378-0041
ALTOONA HOSP	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 03
HOWARD AVE & 7TH ST	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 015
ALTOONA, PA 16603	SELF-CARE: HEMO	INTERMEDIARY: 00363	RENAL NETWORK: 22
PROVIDER NO: 390073	TRAINING: HEMO CAPD	CROSS-REFER NO:392313	PHONE:(814)946-2218
ST LUKES HOSPITAL OF BETHLEHEM	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 081579	HCFA REGION: 03
801 OSTRUM ST	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 009
BETHLEHEM, PA 18015	SELF-CARE: HEMO PERI	INTERMEDIARY: 00363	RENAL NETWORK: 24
PROVIDER NO: 390049	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:392340	PHONE:(215)691-4146
BMA OF BETHLEHEM	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 070177	HCFA REGION: 03
1885 WEST MARKET STREET	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 019
BETHLEHEM, PA 18018	SELF-CARE: HEMO	INTERMEDIARY: 00363	RENAL NETWORK: 24
PROVIDER NO: 392511	TRAINING:	CROSS-REFER NO:	PHONE:(215)866-0462
COMMUNITY DIALYSIS SERVICES	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 112179	HCFA REGION: 03
356 W WASHINGTON ST	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 010
BRADFORD, PA 16701	SELF-CARE:	INTERMEDIARY: 00363	RENAL NETWORK: 22
PROVIDER NO: 392523	TRAINING: HEMO CAPD CCPD	CROSS-REFER NO:	PHONE:(814)362-7417
BRYN MAWR HOSPITAL	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 100277	HCFA REGION: 03
BRYN MAWR AVE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 006
BRYN MAWR, PA 19010	SELF-CARE: HEMO PERI	INTERMEDIARY: 51390	RENAL NETWORK: 24
PROVIDER NO: 390139	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:392323	PHONE:(215)869-3000
HAVERFORD DIALYSIS UNIT	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 080177	HCFA REGION: 03
945 HAVERFORD RD	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 015
BRYN MAWR, PA 19010	SELF-CARE: HEMO	INTERMEDIARY: 51390	RENAL NETWORK: 24
PROVIDER NO: 392504	TRAINING: HEMO PERI CAPD CCPD	CROSS-REFER NO:	PHONE:(215)527-4255

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BMA OF BUTLER INC. 939 EAST BRADY ST EXT BUTLER, PA 16001 PROVIDER NO: 392525	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 063080 OWNERSHIP: PROFIT INTERMEDIARY: 00363 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 011 RENAL NETWORK: 22 PHONE:(412)683-7560
BRANDYWINE HOSPITAL 201 REECEVILLE RD CALN TOWNSHIP, PA 19320 PROVIDER NO: 390076	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 051183 OWNERSHIP: NONPROFIT INTERMEDIARY: 51390 CROSS-REFER NO:392346	HCFA REGION: 03 TOTAL STATIONS: 006 RENAL NETWORK: 24 PHONE:(215)383-8005
CROZER CHESTER MEDICAL CENTER 15TH ST AND UPLAND AVE CHESTER, PA 19013 PROVIDER NO: 390180	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00362 CROSS-REFER NO:392331	HCFA REGION: 03 TOTAL STATIONS: 007 RENAL NETWORK: 24 PHONE:(215)447-2000
GEISINGER MEDICAL CTR NORTH ACADEMY AVENUE DANVILLE, PA 17822 PROVIDER NO: 390006	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 032081 OWNERSHIP: NONPROFIT INTERMEDIARY: 00363 CROSS-REFER NO:392300	HCFA REGION: 03 TOTAL STATIONS: 015 RENAL NETWORK: 24 PHONE:(717)271-6211
KIDNEY CTR OF CHESTER CO LTD 960 E LINCOLN HWY DOWNINGTOWN, PA 19094 PROVIDER NO: 392522	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI	DATE APPROVED: 090579 OWNERSHIP: PROFIT INTERMEDIARY: 00362 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 020 RENAL NETWORK: 24 PHONE:(215)872-1242
BELMONT COURT DIALYSIS CENTER INC 252 BELMONT AVE DOYLESTOWN, PA 18901 PROVIDER NO: 392545	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 070185 OWNERSHIP: PROFIT INTERMEDIARY: 51390 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 020 RENAL NETWORK: 24 PHONE:(215)348-7333
DELAWARE CO MEM HOSP LANSDOWNE & KEYSTONE AVES DREXEL HILL, PA 19026 PROVIDER NO: 390081	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 010184 OWNERSHIP: NONPROFIT INTERMEDIARY: 51390 CROSS-REFER NO:392315	HCFA REGION: 03 TOTAL STATIONS: 006 RENAL NETWORK: 24 PHONE:(215)259-3800
COMMUNITY DIALYSIS SERVICE OF DUBOIS MAPLE AVENUE DU BOIS, PA 15801 PROVIDER NO: 392526	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 092480 OWNERSHIP: PROFIT INTERMEDIARY: 00363 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 007 RENAL NETWORK: 24 PHONE:(814)375-0644
BMA OF EAST STROUDSBURG INC 285 PROSPECT ST EAST STROUDSBURG, PA 18301 PROVIDER NO: 392547	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 073186 OWNERSHIP: PROFIT INTERMEDIARY: 00363 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 007 RENAL NETWORK: 24 PHONE:(717)476-1606
BMA OF EASTON 3501 NORTHWOOD AVE EASTON, PA 18042 PROVIDER NO: 392517	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: CAPD	DATE APPROVED: 083177 OWNERSHIP: PROFIT INTERMEDIARY: 00363 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 022 RENAL NETWORK: 24 PHONE:(215)253-2724
HAMOT REGIONAL DIALYSIS CTR 201 STATE ST ERIE, PA 16512 PROVIDER NO: 390063	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00363 CROSS-REFER NO:392309	HCFA REGION: 03 TOTAL STATIONS: 004 RENAL NETWORK: 22 PHONE:(814)455-6711

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RENAL CARE OF ERIE INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 011281	HCFA REGION: 03
5924 OLD FRENCH RD-P.O. BOX 10125	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 018
ERIE, PA 16514	SELF-CARE: HEMO PERI	INTERMEDIARY: 00363	RENAL NETWORK: 22
PROVIDER NO: 392528	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:	PHONE:(814)868-5568
COMMUNITY DIALYSIS SVCS OF ERIE	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 071184	HCFA REGION: 03
1350 WEST 26TH ST	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 016
ERIE, PA 16508	SELF-CARE:	INTERMEDIARY: 00363	RENAL NETWORK: 22
PROVIDER NO: 392543	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(814)455-6711
BMA OF GREENSBURG	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 013179	HCFA REGION: 03
562 SHEARER ST	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 012
GREENSBURG, PA 16501	SELF-CARE:	INTERMEDIARY: 00363	RENAL NETWORK: 22
PROVIDER NO: 392520	TRAINING: HEMO PERI CAPD CCPD	CROSS-REFER NO:	PHONE:(412)244-7012
POLYCLINIC MEDICAL CENTER	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 03
260 N 3RD ST	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 008
HARRISBURG, PA 17105	SELF-CARE:	INTERMEDIARY: 00363	RENAL NETWORK: 24
PROVIDER NO: 390067	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:392311	PHONE:(717)782-4141
HARRISBURG HOSP	FACILITY TYPE: INPATIENT ONLY	DATE APPROVED: 100482	HCFA REGION: 03
SOUTH FRONT ST	STAFF-ASSISTED:	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 000
HARRISBURG, PA 17101	SELF-CARE:	INTERMEDIARY: 00363	RENAL NETWORK: 24
PROVIDER NO: 390098	TRAINING:	CROSS-REFER NO:392317	PHONE:(717)782-3131
HAZLETON STATE GENERAL HOSP	FACILITY TYPE: INPATIENT ONLY	DATE APPROVED: 042380	HCFA REGION: 03
E BROAD ST	STAFF-ASSISTED:	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 000
HAZLETON, PA 18201	SELF-CARE:	INTERMEDIARY: 00363	RENAL NETWORK: 24
PROVIDER NO: 390185	TRAINING:	CROSS-REFER NO:392342	PHONE:(717)825-9531
BMA OF HAZLETON	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 042380	HCFA REGION: 03
EAST BROAD ST	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 009
HAZLETON, PA 18201	SELF-CARE:	INTERMEDIARY: 00363	RENAL NETWORK: 24
PROVIDER NO: 392524	TRAINING: HEMO	CROSS-REFER NO:	PHONE:(717)454-3558
M. S. HERSHEY MEDICAL CENTER	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 121680	HCFA REGION: 03
500 UNIVERSITY DR	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 006
HERSHEY, PA 17033	SELF-CARE:	INTERMEDIARY: 51390	RENAL NETWORK: 24
PROVIDER NO: 390256	TRAINING: HEMO PERI CAPD CCPD	CROSS-REFER NO:392335	PHONE:(717)534-8800
MERCY HOSPITAL OF JOHNSTOWN	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 101976	HCFA REGION: 03
1020 FRANKLIN ST	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 018
JOHNSTOWN, PA 15905	SELF-CARE: HEMO PERI	INTERMEDIARY: 00363	RENAL NETWORK: 22
PROVIDER NO: 390060	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:392308	PHONE:(814)536-4461
LANCASTER OSTEOPATHIC HOSP	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 03
1175 CLARK ST.	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 005
LANCASTER, PA 17604	SELF-CARE:	INTERMEDIARY: 51390	RENAL NETWORK: 24
PROVIDER NO: 390068	TRAINING: HEMO CAPD	CROSS-REFER NO:392312	PHONE:(717)397-3771
LANCASTER GENERAL HOSPITAL	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 03
555 N DUKE ST	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 012
LANCASTER, PA 17603	SELF-CARE: HEMO PERI	INTERMEDIARY: 51390	RENAL NETWORK: 24
PROVIDER NO: 390100	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:392318	PHONE:(717)229-5511

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CDS OF LANDSDOWNE	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 080177	HCFA REGION: 03
211 SHADELAND AVE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 012
LANDSDOWNE, PA 19050	SELF-CARE: HEMO	INTERMEDIARY: 51390	RENAL NETWORK: 24
PROVIDER NO: 392502	TRAINING: CAPD	CROSS-REFER NO:	PHONE:(215)284-4000
ST MARY'S HOSPITAL INC	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 073178	HCFA REGION: 03
LANGHORNE-NEWTON RD	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 015
LANGHORNE, PA 19047	SELF-CARE: HEMO PERI	INTERMEDIARY: 00362	RENAL NETWORK: 24
PROVIDER NO: 390258	TRAINING: HEMO CAPD	CROSS-REFER NO:392339	PHONE:(215)750-2000
DIALYSIS CORP OF HARRISBURG INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 100482	HCFA REGION: 03
27 MILLER ST SUITE 120	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 020
LEMOYNE, PA 17043	SELF-CARE:	INTERMEDIARY: 00363	RENAL NETWORK: 24
PROVIDER NO: 392534	TRAINING: HEMO PERI CAPD CCPD	CROSS-REFER NO:	PHONE:(717)737-7795
LEWISTON HOSP	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 102381	HCFA REGION: 03
HIGHLAND AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 006
LEWISTOWN, PA 17044	SELF-CARE:	INTERMEDIARY: 00363	RENAL NETWORK: 24
PROVIDER NO: 390048	TRAINING: HEMO PERI CAPD CCPD	CROSS-REFER NO:392343	PHONE:(717)248-5411
COMMUNITY DIALYSIS SVCS OF MCKEESPORT	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 112581	HCFA REGION: 03
600 HOSPITAL WAY	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 012
MCKEESPORT, PA 15132	SELF-CARE: HEMO PERI	INTERMEDIARY: 00363	RENAL NETWORK: 22
PROVIDER NO: 392532	TRAINING: HEMO PERI CAPD CCPD	CROSS-REFER NO:	PHONE:(412)678-0188
COMMUNITY DIALYSIS SERVICES	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 051283	HCFA REGION: 03
122 PARK AVE PLAZA	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 008
MEADVILLE, PA 16355	SELF-CARE:	INTERMEDIARY: 00363	RENAL NETWORK: 22
PROVIDER NO: 392537	TRAINING: PERI CAPD CCPD	CROSS-REFER NO:	PHONE:(814)336-6044
DIALYSIS CLINIC INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 122082	HCFA REGION: 03
702 FOURTH AVE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 012
NEW KENSINGTON, PA 15068	SELF-CARE:	INTERMEDIARY: 00363	RENAL NETWORK: 22
PROVIDER NO: 392535	TRAINING: HEMO PERI CAPD CCPD	CROSS-REFER NO:	PHONE:(412)471-0184
DIALYSIS CENTER OF MONTGOMERY	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 080177	HCFA REGION: 03
15 W. WOODS ST.	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 010
NORRISTOWN, PA 19401	SELF-CARE:	INTERMEDIARY: 51390	RENAL NETWORK: 24
PROVIDER NO: 392515	TRAINING: CAPD	CROSS-REFER NO:	PHONE:(215)279-0776
RENAL CARE OF OIL CITY INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 061984	HCFA REGION: 03
180 E BISSELL AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 006
OIL CITY, PA 16301	SELF-CARE:	INTERMEDIARY: 00363	RENAL NETWORK: 22
PROVIDER NO: 392541	TRAINING: CAPD	CROSS-REFER NO:	PHONE:(814)677-7034
ST AGNES MEDICAL CENTER	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 080177	HCFA REGION: 03
1900 S BROAD ST	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 009
PHILADELPHIA, PA 19145	SELF-CARE: HEMO PERI	INTERMEDIARY: 00362	RENAL NETWORK: 24
PROVIDER NO: 390022	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:392301	PHONE:(215)339-4100
TEMPLE UNIVERSITY HOSP	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 080177	HCFA REGION: 03
3401 N BROAD ST	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 012
PHILADELPHIA, PA 19140	SELF-CARE:	INTERMEDIARY: 00362	RENAL NETWORK: 24
PROVIDER NO: 390027	TRAINING: PERI	CROSS-REFER NO:392302	PHONE:(215)221-3000

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MEDICAL COLLEGE OF PA HOSP 3300 HENRY AVE PHILADELPHIA, PA 19129 PROVIDER NO: 390047	FACILITY TYPE: INPATIENT ONLY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090486 OWNERSHIP: NONPROFIT INTERMEDIARY: 00362 CROSS-REFER NO:392344	HCFA REGION: 03 TOTAL STATIONS: 000 RENAL NETWORK: 24 PHONE:(215)842-7092
HAHNEMANN UNIV HOSP 230 N BROAD ST PHILADELPHIA, PA 19102 PROVIDER NO: 390051	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 51390 CROSS-REFER NO:392306	HCFA REGION: 03 TOTAL STATIONS: 018 RENAL NETWORK: 24 PHONE:(215)448-7000
METROPOLITAN HOSP 201 NORTH EIGHTH ST PHILADELPHIA, PA 19106 PROVIDER NO: 390059	FACILITY TYPE: INPATIENT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00362 CROSS-REFER NO:392307	HCFA REGION: 03 TOTAL STATIONS: 000 RENAL NETWORK: 24 PHONE:(215)238-2000
HOSPITAL UNIVERSITY OF PA 3400 SPRUCE STREETS PHILADELPHIA, PA 19104 PROVIDER NO: 390111	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 51390 CROSS-REFER NO:392319	HCFA REGION: 03 TOTAL STATIONS: 007 RENAL NETWORK: 24 PHONE:(215)662-4000
ALBERT EINSTEIN MEDICAL CENTER YORK AND TABOR ROADS PHILADELPHIA, PA 19141 PROVIDER NO: 390142	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00362 CROSS-REFER NO:392338	HCFA REGION: 03 TOTAL STATIONS: 008 RENAL NETWORK: 24 PHONE:(215)329-0700
MERCY CATHOLIC MEDICAL CTR 54TH ST & CEDAR AVE PHILADELPHIA, PA 19143 PROVIDER NO: 390156	FACILITY TYPE: INPATIENT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 070183 OWNERSHIP: NONPROFIT INTERMEDIARY: 00362 CROSS-REFER NO:392324	HCFA REGION: 03 TOTAL STATIONS: 000 RENAL NETWORK: 24 PHONE:(215)747-7600
GRADUATE HOSPITAL 19TH & LOMBARD STS PHILADELPHIA, PA 19146 PROVIDER NO: 390170	FACILITY TYPE: INPATIENT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 070183 OWNERSHIP: NONPROFIT INTERMEDIARY: 51390 CROSS-REFER NO:392328	HCFA REGION: 03 TOTAL STATIONS: 000 RENAL NETWORK: 24 PHONE:(215)893-2000
THOMAS JEFFERSON UNIV HOSP 11TH & WALNUT ST PHILADELPHIA, PA 19107 PROVIDER NO: 390174	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 51390 CROSS-REFER NO:392330	HCFA REGION: 03 TOTAL STATIONS: 020 RENAL NETWORK: 24 PHONE:(215)928-6000
LANKENAU HOSP CITY LINE & LANCASTER AVES PHILADELPHIA, PA 19151 PROVIDER NO: 390195	FACILITY TYPE: INPATIENT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 111783 OWNERSHIP: NONPROFIT INTERMEDIARY: 51390 CROSS-REFER NO:392332	HCFA REGION: 03 TOTAL STATIONS: 000 RENAL NETWORK: 24 PHONE:(215)645-2000
BMA OF PHILADELPHIA INC 3225 ARCH STREET PHILADELPHIA, PA 19104 PROVIDER NO: 392501	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 080177 OWNERSHIP: PROFIT INTERMEDIARY: 51390 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 030 RENAL NETWORK: 24 PHONE:(215)662-5990
BMA OF CENTRAL PHILADELPHIA 250 NORTH 13TH ST PHILADELPHIA, PA 19107 PROVIDER NO: 392507	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 080177 OWNERSHIP: PROFIT INTERMEDIARY: 51390 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 029 RENAL NETWORK: 24 PHONE:(215)568-2050

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BIO-MED APPL OF N PHILA INC 5933-39 N BROAD ST PHILADELPHIA, PA 19141 PROVIDER NO: 392509	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: PROFIT INTERMEDIARY: 00362 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 025 RENAL NETWORK: 24 PHONE:(215)549-5000
BMA OF METROPOLITAN PHILA INC 201 N EIGHTH ST PHILADELPHIA, PA 19106 PROVIDER NO: 392510	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: PROFIT INTERMEDIARY: 00362 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 018 RENAL NETWORK: 24 PHONE:(215)238-2266
CDS OF WEST PHILADELPHIA 6536 UPLAND STREET PHILADELPHIA, PA 19142 PROVIDER NO: 392513	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO	DATE APPROVED: 080177 OWNERSHIP: PROFIT INTERMEDIARY: 51390 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 013 RENAL NETWORK: 24 PHONE:(215)724-2552
CDS OF ROXBOROUGH 5800 RIDGE AVE PHILADELPHIA, PA 19128 PROVIDER NO: 392516	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: PROFIT INTERMEDIARY: 51390 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 007 RENAL NETWORK: 24 PHONE:(215)487-1868
UNIV OF PA OUTPATIENT DIALYSIS 133 S 36 ST PHILADELPHIA, PA 19104 PROVIDER NO: 392521	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: PERI CAPD CCPD	DATE APPROVED: 063079 OWNERSHIP: NONPROFIT INTERMEDIARY: 51390 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 020 RENAL NETWORK: 24 PHONE:(215)387-0500
CHESTNUT HILL DIALYSIS CTR LTD 86 BETHLEHEM PIKE PHILADELPHIA, PA 19118 PROVIDER NO: 392527	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 090880 OWNERSHIP: PROFIT INTERMEDIARY: 51390 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 010 RENAL NETWORK: 24 PHONE:(215)247-3930
TEMPLE UNIV OUT-PT DIALYSIS UNIT 3400 N BROAD ST PHILADELPHIA, PA 19140 PROVIDER NO: 392530	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 051181 OWNERSHIP: NONPROFIT INTERMEDIARY: 00362 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 011 RENAL NETWORK: 24 PHONE:(215)221-4477
FRANKLIN DIALYSIS CTRS INC 700 SPRUCE ST #401 PHILADELPHIA, PA 19107 PROVIDER NO: 392531	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: PERI CAPD CCPD	DATE APPROVED: 090181 OWNERSHIP: PROFIT INTERMEDIARY: 51390 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 011 RENAL NETWORK: 24 PHONE:(215)829-5651
BMA OF N E PHILADELPHIA 7145 FRANKFORD AVE PHILADELPHIA, PA 19135 PROVIDER NO: 392533	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 121481 OWNERSHIP: PROFIT INTERMEDIARY: 00362 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 023 RENAL NETWORK: 24 PHONE:(215)335-1000
CDS OF PHILADELPHIA 701 COBBS CREEK PARKWAY PHILADELPHIA, PA 19143 PROVIDER NO: 392536	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 070183 OWNERSHIP: PROFIT INTERMEDIARY: 00362 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 008 RENAL NETWORK: 24 PHONE:(215)748-9550
DIALYSIS FAC OF GRADUATE MED ASSOC 19TH & LOMBARD STS #701 PHILADELPHIA, PA 19146 PROVIDER NO: 392538	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 070183 OWNERSHIP: NONPROFIT INTERMEDIARY: 51390 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 012 RENAL NETWORK: 24 PHONE:(215)893-2528

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MAIN LINE DIALYSIS SERVICES LTD CITY LINE & LANCASTER AVES PHILADELPHIA, PA 19151 PROVIDER NO: 392539	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 111783 OWNERSHIP: PROFIT INTERMEDIARY: 51390 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 008 RENAL NETWORK: 24 PHONE:(215)645-2239
BMA OF FAIRMOUNT INC 2301 PENNSYLVANIA AVE PHILADELPHIA, PA 19130 PROVIDER NO: 392540	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 042384 OWNERSHIP: PROFIT INTERMEDIARY: 51390 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 012 RENAL NETWORK: 24 PHONE:(215)751-0283
ST CHRISTOPHERS HOSP FOR CHILDREN 5TH & LEHIGH AVE PHILADELPHIA, PA 19133 PROVIDER NO: 393301	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 070184 OWNERSHIP: NONPROFIT INTERMEDIARY: 00362 CROSS-REFER NO:392336	HCFA REGION: 03 TOTAL STATIONS: 006 RENAL NETWORK: 24 PHONE:(215)427-5000
DIALYSIS CLINIC INC 3300 HENRY AVE PHILADELPHIA, PA 19129 PROVIDER NO: 392548	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 090486 OWNERSHIP: NONPROFIT INTERMEDIARY: 00362 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 006 RENAL NETWORK: 24 PHONE:(215)842-6988
BMA C/O WESTERN PA HOSPITAL 4800 FRIENDSHIP AVE PITTSBURG, PA 15224 PROVIDER NO: 392542	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 060184 OWNERSHIP: PROFIT INTERMEDIARY: 00363 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 017 RENAL NETWORK: 22 PHONE:(412)578-5386
ST FRANCIS GENERAL HOSPITAL PENN AVE & 45TH STREET PITTSBURGH, PA 15201 PROVIDER NO: 390029	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: PERI SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00363 CROSS-REFER NO:392303	HCFA REGION: 03 TOTAL STATIONS: 004 RENAL NETWORK: 22 PHONE:(412)622-4212
ALLEGHENY GENERAL HOSP 320 E NORTH AVE PITTSBURGH, PA 15212 PROVIDER NO: 390050	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 120586 OWNERSHIP: NONPROFIT INTERMEDIARY: 00363 CROSS-REFER NO:392305	HCFA REGION: 03 TOTAL STATIONS: 018 RENAL NETWORK: 22 PHONE:(412)237-3319
VETERANS ADMIN MEDICAL CTR UNIVERSITY DR 'C' PITTSBURGH, PA 15240 PROVIDER NO: 39012F	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00080 CROSS-REFER NO:392321	HCFA REGION: 03 TOTAL STATIONS: 013 RENAL NETWORK: 22 PHONE:(412)683-3000
PRESBYTERIAN-UNIVERSITY HOSP DESOTO @ O'HARA STREETS PITTSBURGH, PA 15213 PROVIDER NO: 390164	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00363 CROSS-REFER NO:392327	HCFA REGION: 03 TOTAL STATIONS: 028 RENAL NETWORK: 22 PHONE:(412)647-3000
BMA OF PITTSBURGH 4401 PENN AVE PITTSBURGH, PA 15224 PROVIDER NO: 392503	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPD	DATE APPROVED: 090177 OWNERSHIP: PROFIT INTERMEDIARY: 00363 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 020 RENAL NETWORK: 22 PHONE:(412)683-8814
BMA OF SOUTH HILLS INC 799 CASTLE SHANNON BLVD PITTSBURGH, PA 15234 PROVIDER NO: 392544	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 091984 OWNERSHIP: PROFIT INTERMEDIARY: 00363 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 011 RENAL NETWORK: 22 PHONE:(412)571-9200

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GOOD SAMARITAN HOSPITAL E NORWEGIAN & TREMONT STS POTTSVILLE, PA 17901 PROVIDER NO: 390031	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 010383 OWNERSHIP: NONPROFIT INTERMEDIARY: 00363 CROSS-REFER NO:392345	HCFA REGION: 03 TOTAL STATIONS: 003 RENAL NETWORK: 24 PHONE:(717)622-3400
BMA OF POTTSVILLE 106 S CLAUDE A LORD BLVD POTTSVILLE, PA 17901 PROVIDER NO: 392518	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO	DATE APPROVED: 082977 OWNERSHIP: PROFIT INTERMEDIARY: 00363 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 012 RENAL NETWORK: 24 PHONE:(717)628-3539
QUAKERTOWN COMMUNITY HOSPITAL 11TH ST AND PARK AVE QUARKERTOWN, PA 18951 PROVIDER NO: 390035	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 080586 OWNERSHIP: NONPROFIT INTERMEDIARY: 00363 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 009 RENAL NETWORK: 24 PHONE:(215)536-2400
ST JOSEPHS HOSP 12TH & WALNUT STS READING, PA 19603 PROVIDER NO: 390158	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPD	DATE APPROVED: 070177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00361 CROSS-REFER NO:392326	HCFA REGION: 03 TOTAL STATIONS: 017 RENAL NETWORK: 24 PHONE:(215)378-2140
ROBERT PACKER HOSP GUTHRIE SQUARE SAYRE, PA 18840 PROVIDER NO: 390079	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 040478 OWNERSHIP: NONPROFIT INTERMEDIARY: 00363 CROSS-REFER NO:392341	HCFA REGION: 03 TOTAL STATIONS: 005 RENAL NETWORK: 26 PHONE:(717)888-6666
MOSES TAYLOR HOSPITAL 700 QUINCY AVENUE SCRANTON, PA 18510 PROVIDER NO: 390119	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00363 CROSS-REFER NO:392320	HCFA REGION: 03 TOTAL STATIONS: 036 RENAL NETWORK: 24 PHONE:(717)346-3801
PA DIALYSIS CLINIC OF SHARON INC 585 E STATE ST SHARON, PA 16146 PROVIDER NO: 392546	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 081685 OWNERSHIP: PROFIT INTERMEDIARY: 00363 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 010 RENAL NETWORK: 22 PHONE:(412)347-0700
CENTRE COM HOSP-MOUNTAINVIEW ORCHARD RD STATE COLLEGE, PA 18601 PROVIDER NO: 390268	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 070179 OWNERSHIP: PROFIT INTERMEDIARY: 00361 CROSS-REFER NO:392337	HCFA REGION: 03 TOTAL STATIONS: 008 RENAL NETWORK: 24 PHONE:(814)238-4351
BMA OF SOUTHWESTERN PA INC 90 W CHESTNUT ST WASHINGTON, PA 15301 PROVIDER NO: 392519	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO TRAINING: HEMO PERI CAPD	DATE APPROVED: 090977 OWNERSHIP: PROFIT INTERMEDIARY: 00363 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 012 RENAL NETWORK: 22 PHONE:(412)561-1656
ALLEGHENY KIDNEY TREATMENT CTR 11676 PERRY HGWY WEXFORD PROF WEXFORD, PA 15090 PROVIDER NO: 393500	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 081586 OWNERSHIP: NONPROFIT INTERMEDIARY: 00363 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 006 RENAL NETWORK: 22 PHONE:(412)935-3200
WILKES-BARRE GENERAL HOSP N RIVER & AUBURN STS WILKES BARRE, PA 18764 PROVIDER NO: 390064	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00363 CROSS-REFER NO:392310	HCFA REGION: 03 TOTAL STATIONS: 007 RENAL NETWORK: 24 PHONE:(717)829-8111

STATE=PENNSYLVANIA CONTINUED

BMA OF WILKES-BARRE	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090177	HCFA REGION: 03
56-58 WEST LINDEN ST	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 020
WILKES-BARRE, PA 18702	SELF-CARE:	INTERMEDIARY: 00363	RENAL NETWORK: 24
PROVIDER NO: 392512	TRAINING: HEMO PERI CAPD CCPD	CROSS-REFER NO:	PHONE:(717)825-9531
FRANCIS V COSTELLO DIALYSIS CTR	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 03
1100 GRAMPIAN BLVD	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 015
WILLIAMSPORT, PA 17701	SELF-CARE: HEMO PERI	INTERMEDIARY: 00363	RENAL NETWORK: 24
PROVIDER NO: 390075	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:392314	PHONE:(717)326-8178
KIDNEY CTR OF DELAWARE CO LTD	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090177	HCFA REGION: 03
194-B FAIRVIEW RD	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 026
WOODLYN, PA 19094	SELF-CARE:	INTERMEDIARY: 00362	RENAL NETWORK: 24
PROVIDER NO: 392508	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:	PHONE:(215)872-1242
YORK HOSPITAL	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 03
1001 SOUTH GEORGE ST	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 014
YORK, PA 17405	SELF-CARE:	INTERMEDIARY: 00363	RENAL NETWORK: 24
PROVIDER NO: 390046	TRAINING: HEMO PERI CAPD CCPD	CROSS-REFER NO:392304	PHONE:(717)771-2345

STATE=PUERTO RICO

BMA OF BAYAMON	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 061279	HCFA REGION: 02
P.O. BOX 2830	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 021
BAYAMON, PR 00621	SELF-CARE: HEMO	INTERMEDIARY: 57400	RENAL NETWORK: 29
PROVIDER NO: 402504	TRAINING: HEMO	CROSS-REFER NO:	PHONE:(809)787-9353
BMA OF CAGUAS	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 051882	HCFA REGION: 02
P.O. BOX 6659	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 016
CAGUAS, PR 00626	SELF-CARE:	INTERMEDIARY: 57400	RENAL NETWORK: 29
PROVIDER NO: 402505	TRAINING:	CROSS-REFER NO:	PHONE:(809)743-1335
BIOMEDICAL APPLICATIONS OF CAROLINA	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 050384	HCFA REGION: 02
PLAZA CAROLINA MALL STORE 236	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 020
CAROLINA, PR 00630	SELF-CARE:	INTERMEDIARY: 57400	RENAL NETWORK: 29
PROVIDER NO: 402507	TRAINING: HEMO	CROSS-REFER NO:	PHONE:(809)757-8640
AUXILIO MUTUO HOSP	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 040483	HCFA REGION: 02
PONCE DE LEON AVENUE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 004
HATO REY, PR 00919	SELF-CARE:	INTERMEDIARY: 57400	RENAL NETWORK: 29
PROVIDER NO: 400016	TRAINING: HEMO CAPD	CROSS-REFER NO:402301	PHONE:(809)763-9292
BIOMEDICAL APPLICATIONS OF SAN JUAN	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090177	HCFA REGION: 02
205 DUARTE ST, 3 FLOOR	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 027
HATO REY, PR 00919	SELF-CARE: HEMO	INTERMEDIARY: 57400	RENAL NETWORK: 29
PROVIDER NO: 402501	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:	PHONE:(809)764-5640
MAYAGUEZ MED CTR	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 02
P O BOX 1868	STAFF-ASSISTED: PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 003
MAYAGUEZ, PR 00708	SELF-CARE:	INTERMEDIARY: 99990	RENAL NETWORK: 29
PROVIDER NO: 400103	TRAINING:	CROSS-REFER NO:402306	PHONE:(809)832-8686
BIOMEDICAL APPLICATIONS OF MAYAGUEZ	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 020177	HCFA REGION: 02
CARR #2 KM 1587	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 015
MAYAGUEZ, PR 00708	SELF-CARE:	INTERMEDIARY: 57400	RENAL NETWORK: 29
PROVIDER NO: 402503	TRAINING:	CROSS-REFER NO:	PHONE:(809)833-5335
SAN JUAN MUN HOSP	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 02
BOX S-3342	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 004
OLD SAN JUAN, PR 00904	SELF-CARE:	INTERMEDIARY: 57400	RENAL NETWORK: 29
PROVIDER NO: 400015	TRAINING: HEMO	CROSS-REFER NO:402300	PHONE:(809)765-9995
SANTO ASILO DE DAMAS HOSP	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 02
PONCE BY PASS	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 004
PONCE, PR 00731	SELF-CARE:	INTERMEDIARY: 57400	RENAL NETWORK: 29
PROVIDER NO: 400022	TRAINING:	CROSS-REFER NO:402302	PHONE:(809)843-5151
PONCE REGIONAL HOSPITAL RENAL DIALYSIS	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 02
BARRIO MACHUELO, ROAD 14	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 005
PONCE, PR 00731	SELF-CARE:	INTERMEDIARY: 57400	RENAL NETWORK: 29
PROVIDER NO: 400044	TRAINING:	CROSS-REFER NO:402304	PHONE:(809)844-2080
BIO-MEDICAL APPL OF PONCE INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090177	HCFA REGION: 02
ESTRELL #60 PO BOX 1990	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 031
PONCE, PR 00731	SELF-CARE: HEMO	INTERMEDIARY: 57400	RENAL NETWORK: 29
PROVIDER NO: 402502	TRAINING: CAPD	CROSS-REFER NO:	PHONE:(809)844-6050

STATE=PUERTO RICO CONTINUED

VA HOSP	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 022585	HCFA REGION: 02
BARRIO MONACILLOS	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 015
RIO PIEDRAS, PR 00936	SELF-CARE:	INTERMEDIARY: 00080	RENAL NETWORK: 29
PROVIDER NO: 40003F	TRAINING: HEMO CAPD	CROSS-REFER NO:402303	PHONE:(809)764-4545
UNIVERSITY DISTRICT HOSPITAL	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 02
PUERTO RICO MEDICAL CENTER	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 025
RIO PIEDRAS, PR 00935	SELF-CARE: HEMO PERI	INTERMEDIARY: 57400	RENAL NETWORK: 29
PROVIDER NO: 400061	TRAINING: HEMO PERI CAPD CCPD	CROSS-REFER NO:402305	PHONE:(809)754-3661
HOSPITAL DELA CONCEPCION	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090283	HCFA REGION: 02
41 LUNA STREET	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 003
SAN GERMAN, PR 00753	SELF-CARE:	INTERMEDIARY: 57400	RENAL NETWORK: 29
PROVIDER NO: 400021	TRAINING:	CROSS-REFER NO:402308	PHONE:(809)892-1860
BMA OF SAN GERMAN	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090283	HCFA REGION: 02
41 LUNA STREET, APARTADO 285	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 008
SAN GERMAN, PR 00753	SELF-CARE:	INTERMEDIARY: 57400	RENAL NETWORK: 29
PROVIDER NO: 402506	TRAINING:	CROSS-REFER NO:	PHONE:(809)892-4660

STATE=RHODE ISLAND

ARTIFICIAL KIDNEY CNTR OF RHODE ISLAND	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 083077	HCFA REGION: 01
318-328 WATERMAN AVE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 050
EAST PROVIDENCE, RI 02914	SELF-CARE:	INTERMEDIARY: 00370	RENAL NETWORK: 28
PROVIDER NO: 412500	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:	PHONE:(401)438-5930
RHODE ISLAND HOSPITAL	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 083177	HCFA REGION: 01
593 EDDY ST	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 009
PROVIDENCE, RI 02902	SELF-CARE:	INTERMEDIARY: 00370	RENAL NETWORK: 28
PROVIDER NO: 410007	TRAINING: HEMO PERI CAPD CCPD	CROSS-REFER NO:412300	PHONE:(401)277-4000
MIRIAM HOSPITAL	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 083177	HCFA REGION: 01
164 SUMMIT AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 004
PROVIDENCE, RI 02906	SELF-CARE:	INTERMEDIARY: 00370	RENAL NETWORK: 28
PROVIDER NO: 410012	TRAINING:	CROSS-REFER NO:412301	PHONE:(401)274-3700
RHODE ISLAND RENAL INSTITUTE INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 080977	HCFA REGION: 01
2736 POST RD	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 017
WARWICK, RI 02886	SELF-CARE: HEMO	INTERMEDIARY: 00370	RENAL NETWORK: 28
PROVIDER NO: 412501	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(401)738-4050
RHODE ISLAND RENAL INSTITUTE	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 111980	HCFA REGION: 01
ONE WEST DRIVE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 012
WESTERLY, RI 02891	SELF-CARE: HEMO PERI	INTERMEDIARY: 00370	RENAL NETWORK: 28
PROVIDER NO: 412502	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:	PHONE:(401)596-0368
ARTIFICIAL KIDNEY CTR OF WOONSOCKET	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 041486	HCFA REGION: 01
2100 DIAMOND HILL RD	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 011
WOONSOCKET, RI 02895	SELF-CARE: HEMO	INTERMEDIARY: 00370	RENAL NETWORK: 28
PROVIDER NO: 412503	TRAINING: HEMO	CROSS-REFER NO:	PHONE:(401)438-5930

STATE=SOUTH CAROLINA

SPOONER DIALYSIS CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 070780	HCFA REGION: 04
681 SILVER BLUFF RD, SUITE C	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 006
AIKEN, SC 29801	SELF-CARE:	INTERMEDIARY: 00380	RENAL NETWORK: 20
PROVIDER NO: 422512	TRAINING:	CROSS-REFER NO:	PHONE:(803)649-0202
ANDERSON DIALYSIS CLINIC INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090176	HCFA REGION: 04
416 E CALHOUN ST	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 016
ANDERSON, SC 29621	SELF-CARE:	INTERMEDIARY: 00380	RENAL NETWORK: 20
PROVIDER NO: 422506	TRAINING: CAPD CCPD	CROSS-REFER NO:	PHONE:(803)224-1671
LOW COUNTRY DIALYSIS FACILITY	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 012881	HCFA REGION: 04
215 S RIBAUT RD	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 016
BEAUFORT, SC 29902	SELF-CARE: HEMO PERI	INTERMEDIARY: 00380	RENAL NETWORK: 20
PROVIDER NO: 422514	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:	PHONE:(803)524-2373
BENNETTSVILLE DIALYSIS CTR	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 091683	HCFA REGION: 04
301 EAST MAIN ST	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 010
BENNETTSVILLE, SC 29512	SELF-CARE:	INTERMEDIARY: 00380	RENAL NETWORK: 20
PROVIDER NO: 422520	TRAINING: CAPD	CROSS-REFER NO:	PHONE:(803)369-0825
BMA OF CAMDEN INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 050180	HCFA REGION: 04
1111 BROAD ST	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 007
CAMDEN, SC 29020	SELF-CARE:	INTERMEDIARY: 00380	RENAL NETWORK: 20
PROVIDER NO: 422509	TRAINING:	CROSS-REFER NO:	PHONE:(803)432-1486
MUSC HEMO & TRANSPLANT PROGRAM	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 090176	HCFA REGION: 04
171 ASHLEY AVE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 012
CHARLESTON, SC 29425	SELF-CARE:	INTERMEDIARY: 00380	RENAL NETWORK: 20
PROVIDER NO: 420004	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:422300	PHONE:(803)792-2905
DIALYSIS CLINIC INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090176	HCFA REGION: 04
292 MEETING ST	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 020
CHARLESTON, SC 29401	SELF-CARE:	INTERMEDIARY: 00380	RENAL NETWORK: 20
PROVIDER NO: 422502	TRAINING:	CROSS-REFER NO:	PHONE:(803)723-7201
DCI-WEST OF THE ASHLEY	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 112280	HCFA REGION: 04
46A MARKFIELD RD	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 023
CHARLESTON, SC 29407	SELF-CARE:	INTERMEDIARY: 00380	RENAL NETWORK: 20
PROVIDER NO: 422513	TRAINING: CAPD	CROSS-REFER NO:	PHONE:(803)766-2317
TRIDENT KIDNEY CENTER-BAKER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 061086	HCFA REGION: 04
2741 SPEISSEGGER DR	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 008
CHARLESTON, SC 29405	SELF-CARE:	INTERMEDIARY: 00380	RENAL NETWORK: 20
PROVIDER NO: 422523	TRAINING:	CROSS-REFER NO:	PHONE:(803)572-1660
TRIDENT KIDNEY CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 111682	HCFA REGION: 04
9305 MEDICAL PLAZA DR	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 020
CHARLESTON HEIGHTS, SC 29405	SELF-CARE:	INTERMEDIARY: 00380	RENAL NETWORK: 20
PROVIDER NO: 422516	TRAINING: CAPD	CROSS-REFER NO:	PHONE:(803)571-1916
BMA OF CHESTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 062983	HCFA REGION: 04
PEOPLES PLAZA,CESTRIAN SQUARE	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 010
CHESTER, SC 29706	SELF-CARE:	INTERMEDIARY: 00380	RENAL NETWORK: 20
PROVIDER NO: 422518	TRAINING:	CROSS-REFER NO:	PHONE:(803)377-8128

STATE=SOUTH CAROLINA CONTINUED

RICHLAND MEMORIAL HOSP- 3301 HARDEN ST EXT COLUMBIA, SC 29202 PROVIDER NO: 420018	FACILITY TYPE: INPATIENT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 090176 OWNERSHIP: NONPROFIT INTERMEDIARY: 00380 CROSS-REFER NO:422302	HCFA REGION: 04 TOTAL STATIONS: 000 RENAL NETWORK: 20 PHONE:(803)765-6230
BMA OF COLUMBIA 3321 MEDICAL PARK ROAD COLUMBIA, SC 29203 PROVIDER NO: 422504	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO PERI	DATE APPROVED: 090176 OWNERSHIP: PROFIT INTERMEDIARY: 00380 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 028 RENAL NETWORK: 20 PHONE:(803)252-2876
FLORENCE DIALYSIS CLINIC 237 SOUTH WARLEY STREET FLORENCE, SC 29501 PROVIDER NO: 422505	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 090176 OWNERSHIP: PROFIT INTERMEDIARY: 00380 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 028 RENAL NETWORK: 20 PHONE:(803)669-0825
BMA OF GEORGETOWN 722 N. FRASER GEORGETOWN, SC 29440 PROVIDER NO: 422519	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: PERI CAPD CCPD	DATE APPROVED: 062883 OWNERSHIP: PROFIT INTERMEDIARY: 00380 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 010 RENAL NETWORK: 20 PHONE:(803)242-0802
ST FRANCIS COMMUNITY HOSP- 1 ST FRANCIS DR GREENVILLE, SC 29601 PROVIDER NO: 420023	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 090176 OWNERSHIP: NONPROFIT INTERMEDIARY: 00380 CROSS-REFER NO:422303	HCFA REGION: 04 TOTAL STATIONS: 025 RENAL NETWORK: 20 PHONE:(803)271-6012
BIO MED APPLICATIONS OF GREENVILLE INC 1009 GROVE RD SUITE C 1 GREENVILLE, SC 29605 PROVIDER NO: 422503	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 090176 OWNERSHIP: PROFIT INTERMEDIARY: 00380 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 019 RENAL NETWORK: 20 PHONE:(803)242-0802
CDS OF GREENNWOOD 1020 SPRING STREET GREENWOOD, SC 29646 PROVIDER NO: 422515	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 052081 OWNERSHIP: PROFIT INTERMEDIARY: 00380 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 008 RENAL NETWORK: 20 PHONE:(803)223-4335
KINGSTREE DIALYSIS CENTER RT 4 BOX 350 A KINGSTREE, SC 29556 PROVIDER NO: 422521	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 111385 OWNERSHIP: PROFIT INTERMEDIARY: 00380 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 010 RENAL NETWORK: 20 PHONE:(803)382-9791
MYRTLE BEACH DIALYSIS CENTER 7800 KINGS HIGHWAY MYRTLE BEACH, SC 29577 PROVIDER NO: 422507	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 081379 OWNERSHIP: PROFIT INTERMEDIARY: 00380 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 012 RENAL NETWORK: 20 PHONE:(803)449-9408
DIALYSIS CLINICS AZALEA PLACE 2862 AZALEA DR NORTH CHARLESTON, SC 29405 PROVIDER NO: 422524	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 070386 OWNERSHIP: NONPROFIT INTERMEDIARY: 00380 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 008 RENAL NETWORK: 20 PHONE:(803)554-1345
COMMUNITY DIALYSIS SERVICE 3031 ST. MATTHEWS RD ORANGEBURG, SC 29115 PROVIDER NO: 422508	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 120379 OWNERSHIP: PROFIT INTERMEDIARY: 00380 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 012 RENAL NETWORK: 20 PHONE:(803)533-1550

STATE=SOUTH CAROLINA CONTINUED

DIALYSIS CLINICS INC. 203 FREEMONT AVE SPARTANBURG, SC 29303 PROVIDER NO: 422511	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 072180 OWNERSHIP: NONPROFIT INTERMEDIARY: 00380 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 027 RENAL NETWORK: 20 PHONE:(803)585-2046
DIALYSIS CLINICS EAST SPARTANBURG 155 DILLON DR SPARTANBURG, SC 29302 PROVIDER NO: 422522	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 122085 OWNERSHIP: NONPROFIT INTERMEDIARY: 00380 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 008 RENAL NETWORK: 20 PHONE:(803)585-4840
SUMTER DIALYSIS CENTER 214 HAMPTON ST SUMTER, SC 29150 PROVIDER NO: 422510	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: PERI CAPD	DATE APPROVED: 050180 OWNERSHIP: PROFIT INTERMEDIARY: 00380 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 019 RENAL NETWORK: 20 PHONE:(803)775-7374
8MA OF LEXINGTON INC 110 B LEXINGTON MEDICAL MALL WEST COLUMBIA, SC 29169 PROVIDER NO: 422517	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 010783 OWNERSHIP: PROFIT INTERMEDIARY: 00380 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 009 RENAL NETWORK: 20 PHONE:(803)796-2170

STATE=SOUTH DAKOTA

ST LUKES HOSP (ESRD)	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 071477	HCFA REGION: 08
305 S STATE ST	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 005
ABERDEEN, SD 57401	SELF-CARE:	INTERMEDIARY: 00141	RENAL NETWORK: 07
PROVIDER NO: 430014	TRAINING:	CROSS-REFER NO:432302	PHONE:(605)229-3518
HURON REGIONAL MEDICAL CENTER	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 081877	HCFA REGION: 08
4TH & IOWA SE STS	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 004
HURON, SD 57350	SELF-CARE:	INTERMEDIARY: 00141	RENAL NETWORK: 07
PROVIDER NO: 430011	TRAINING: CAPD	CROSS-REFER NO:432301	PHONE:(605)352-6431
ST MARYS HOSP	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 101080	HCFA REGION: 08
803 EAST DAKOTA AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 004
PIERRE, SD 57501	SELF-CARE:	INTERMEDIARY: 00141	RENAL NETWORK: 07
PROVIDER NO: 430015	TRAINING:	CROSS-REFER NO:432305	PHONE:(605)224-3100
RAPID CITY REGIONAL HOSP	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 071977	HCFA REGION: 08
353 FAIRMONT BLVD-BOX 6000	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 006
RAPID CITY, SD 57709	SELF-CARE:	INTERMEDIARY: 00141	RENAL NETWORK: 07
PROVIDER NO: 430077	TRAINING: CAPD	CROSS-REFER NO:432304	PHONE:(605)341-8314
SIOUX VALLEY HOSPITAL (ESRD)	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 080877	HCFA REGION: 08
1100 SOUTH EUCLID AVE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 010
SIOUX FALLS, SD 57105	SELF-CARE:	INTERMEDIARY: 00141	RENAL NETWORK: 07
PROVIDER NO: 430027	TRAINING: CAPD	CROSS-REFER NO:432303	PHONE:(605)333-6351
PRAIRIE LAKES HOSPITAL-EAST	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 071477	HCFA REGION: 08
420 FOURTH STREET N E	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 006
WATERTOWN, SD 57201	SELF-CARE:	INTERMEDIARY: 00141	RENAL NETWORK: 07
PROVIDER NO: 430001	TRAINING:	CROSS-REFER NO:432300	PHONE:(605)886-8431

STATE=TENNESSEE

8RISTOL DIALYSIS CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 091481	HCFA REGION: 04
208 MEMORIAL DRIVE DOCTORS BLDG	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 005
BRISTOL, TN 37620	SELF-CARE:	INTERMEDIARY: 00390	RENAL NETWORK: 18
PROVIDER NO: 442519	TRAINING:	CROSS-REFER NO:	PHONE:(615)764-3196
DIALYSIS SERVICES OF BROWNSVILLE	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 032586	HCFA REGION: 04
1214 ANDERSON AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 012
BROWNSVILLE, TN 38012	SELF-CARE:	INTERMEDIARY: 00390	RENAL NETWORK: 18
PROVIDER NO: 442538	TRAINING:	CROSS-REFER NO:	PHONE:(301)772-2151
REGIONAL DIALYSIS CLINIC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 101786	HCFA REGION: 04
1120 TAM8ELL ST	STAFF-ASSISTED:	OWNERSHIP: PROFIT	TOTAL STATIONS: 010
8ROWNSVILLE, TN 38012	SELF-CARE:	INTERMEDIARY: 00390	RENAL NETWORK: 18
PROVIDER NO: 442544	TRAINING: HEMO	CROSS-REFER NO:	PHONE:(901)772-1161
ERLANGER MEDICAL CENTER	FACILITY TYPE: INPATIENT ONLY	DATE APPROVED: 090176	HCFA REGION: 04
241 WHIEL ST	STAFF-ASSISTED:	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 000
CHATTANOOGA, TN 37403	SELF-CARE:	INTERMEDIARY: 00390	RENAL NETWORK: 18
PROVIDER NO: 440104	TRAINING:	CROSS-REFER NO:442304	PHONE:(615)755-7583
DIALYSIS CLINIC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090176	HCFA REGION: 04
829 MCCALLIE AVE.	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 022
CHATTANOOGA, TN 37403	SELF-CARE:	INTERMEDIARY: 00390	RENAL NETWORK: 18
PROVIDER NO: 442505	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:	PHONE:(615)266-0758
CUM8ERLAND DIALYSIS CENTER INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 080381	HCFA REGION: 04
1608 HAYNES ST	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 009
CLARKSVILLE, TN 37040	SELF-CARE:	INTERMEDIARY: 00390	RENAL NETWORK: 18
PROVIDER NO: 442518	TRAINING:	CROSS-REFER NO:	PHONE:(615)645-1236
CLEVELAND DIALYSIS FACILITY INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 120281	HCFA REGION: 04
2850 NORTH OCOEE STREET	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 008
CLEVELAND, TN 37311	SELF-CARE:	INTERMEDIARY: 00390	RENAL NETWORK: 18
PROVIDER NO: 442521	TRAINING: CAPD	CROSS-REFER NO:	PHONE:(615)476-5545
MIDDLE TENN ARTIFICIAL KIDNEY	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 091481	HCFA REGION: 04
1705 GROVE STREET	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 006
COLUMBIA, TN 38401	SELF-CARE:	INTERMEDIARY: 00390	RENAL NETWORK: 18
PROVIDER NO: 442520	TRAINING:	CROSS-REFER NO:	PHONE:(615)781-4218
REN CENTER COLUM8IA	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 041886	HCFA REGION: 04
KEITH DRIVE	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 008
COLUM8IA, TN 38401	SELF-CARE:	INTERMEDIARY: 00390	RENAL NETWORK: 18
PROVIDER NO: 442539	TRAINING: HEMO	CROSS-REFER NO:	PHONE:(615)381-4466
DIALYSIS AFFILIATES OF COOKEVILLE	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 111379	HCFA REGION: 04
140 W. 7TH STREET #2	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 010
COOKEVILLE, TN 38501	SELF-CARE:	INTERMEDIARY: 00390	RENAL NETWORK: 18
PROVIDER NO: 442511	TRAINING: CAPD	CROSS-REFER NO:	PHONE:(615)528-7483
RHEA CO MEDICAL CENTER	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090176	HCFA REGION: 04
HIGHWAY 27 NORTH	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 004
DAYTON, TN 37321	SELF-CARE:	INTERMEDIARY: 00390	RENAL NETWORK: 18
PROVIDER NO: 440023	TRAINING:	CROSS-REFER NO:442300	PHONE:(615)775-1121

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DIALYSIS CENTER OF MIDDLE TN 41A DECHERD PLAZA DECHERD, TN 37324 PROVIDER NO: 442510	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 092179 OWNERSHIP: PROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 008 RENAL NETWORK: 18 PHONE:(615)455-5009
DIALYSIS SERVICES OF DICKSON 282B HWY 46 DICKSON, TN 37055 PROVIDER NO: 442536	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 013086 OWNERSHIP: PROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 005 RENAL NETWORK: 18 PHONE:(615)446-0111
COMMUNITY DIALYSIS SERV OF DONNELSON 441 DONELSON PK SUITE 210 DONELSON, TN 37214 PROVIDER NO: 442534	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090585 OWNERSHIP: PROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 008 RENAL NETWORK: 18 PHONE:(615)883-4045
DIALYSIS CLINICS INC 2760 LEBANONK RD DONELSON, TN 37214 PROVIDER NO: 442535	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 101685 OWNERSHIP: NONPROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 008 RENAL NETWORK: 18 PHONE:(615)885-5316
COMMUNITY DIALYSIS SERVICES 2015 ST JOHN EXTENDED DYERSBURG, TN 38024 PROVIDER NO: 442533	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 082985 OWNERSHIP: PROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 012 RENAL NETWORK: 18 PHONE:(901)286-5184
DIALYSIS CLINIC INC 6104 N MACK SMITH RD E RIDGE, TN 37412 PROVIDER NO: 442514	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 100180 OWNERSHIP: NONPROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 024 RENAL NETWORK: 18 PHONE:(615)894-8133
CENTER FOR KIDNEY DISEASE-FRANKLIN 1335 CARTERS CREEK PIKE FRANKLIN, TN 37064 PROVIDER NO: 442526	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 071884 OWNERSHIP: NONPROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 006 RENAL NETWORK: 18 PHONE:(615)790-3060
GREENVILLE DIALYSIS CENTER 1134 TUSCULUM BLVD GREENVILLE, TN 37743 PROVIDER NO: 442522	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 071282 OWNERSHIP: PROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 004 RENAL NETWORK: 18 PHONE:(615)638-1201
DIALYSIS CLINIC INC 215 NORTH 14TH ST HUMBOLDT, TN 38343 PROVIDER NO: 442532	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 070185 OWNERSHIP: NONPROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 010 RENAL NETWORK: 18 PHONE:(901)784-4384
REGIONAL DIALYSIS CLINIC INC 2267 EAST END DRH HUMBOLDT, TN 38343 PROVIDER NO: 442545	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 111486 OWNERSHIP: PROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 010 RENAL NETWORK: 18 PHONE:(901)784-3161
DIALYSIS CLINIC INC 31 SANDSTONE CIRCLE JACKSON, TN 38301 PROVIDER NO: 442504	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 090176 OWNERSHIP: NONPROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 025 RENAL NETWORK: 18 PHONE:(901)668-0800

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EAST TN DIALYSIS CENTER 107 WOODLAWN DRIVE JOHNSON CITY, TN 37604 PROVIDER NO: 442501	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 090176 OWNERSHIP: PROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 015 RENAL NETWORK: 18 PHONE:(615)282-6412
KINGSPORT DIALYSIS CENTER 2612 JOHN B DENNIS BYPASS KINGSPORT, TN 37660 PROVIDER NO: 442512	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 020180 OWNERSHIP: PROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 010 RENAL NETWORK: 18 PHONE:(615)288-7711
DIALYSIS CLINIC INC 3731 MARTIN MILL PIKE KNOXVILLE, TN 37920 PROVIDER NO: 442503	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 090176 OWNERSHIP: NONPROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 028 RENAL NETWORK: 18 PHONE:(615)573-3944
FORT SANDERS KIDNEY CENTER INC. 2001 LAUREL AVE SUITE 203 KNOXVILLE, TN 37916 PROVIDER NO: 442508	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 092578 OWNERSHIP: NONPROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 017 RENAL NETWORK: 18 PHONE:(615)637-8485
KNOXVILLE DIALYSIS CENTER 10001 KINGSTON PIKE KNOXVILLE, TN 37992 PROVIDER NO: 442525	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 022884 OWNERSHIP: NONPROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 006 RENAL NETWORK: 18 PHONE:(615)693-9529
NORTH KNOXVILLE DIALYSIS CTR INC 4440 WALKER BLVD-P.O. BOX 5631 KNOXVILLE, TN 37928 PROVIDER NO: 442527	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: CAPD	DATE APPROVED: 101084 OWNERSHIP: NONPROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 010 RENAL NETWORK: 18 PHONE:(615)687-3436
UNIVERSITY OF TENNESSEE 1924 ALCOA HIGHWAY KNOXVILLE, TN 37920 PROVIDER NO: 440015	FACILITY TYPE: TRANSPLANT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 123184 OWNERSHIP: NONPROFIT INTERMEDIARY: 00390 CROSS-REFER NO:442309	HCFA REGION: 04 TOTAL STATIONS: 000 RENAL NETWORK: 18 PHONE:(615)971-3011
EAST KNOXVILLE DIALYSIS CENTER 2717 MAGNOLIA AVE KNOXVILLE, TN 37917 PROVIDER NO: 442530	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 042685 OWNERSHIP: NONPROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 015 RENAL NETWORK: 18 PHONE:(615)544-0082
LAFOLLETTE DIALYSIS CENTER 117 E BEECH ST LAFALLETTE, TN 37766 PROVIDER NO: 442537	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 022486 OWNERSHIP: PROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 006 RENAL NETWORK: 18 PHONE:(615)562-2084
CENTER FOR KIDNEY DISEASES 301 E HIGH ST LEBANON, TN 37087 PROVIDER NO: 442529	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 041885 OWNERSHIP: PROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 005 RENAL NETWORK: 18 PHONE:(615)449-3120
DIALYSIS CLINIC INC 605 WEST DUE WEST AVE MADISON, TN 37115 PROVIDER NO: 442507	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090176 OWNERSHIP: NONPROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 022 RENAL NETWORK: 18 PHONE:(615)865-7310

STATE=TENNESSEE CONTINUED

DIALYSIS CLINIC INC 1720 HWY 411 S MARYVILLE, TN 37801 PROVIDER NO: 442531	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 050685 OWNERSHIP: NONPROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 006 RENAL NETWORK: 18 PHONE:(615)983-2212
BAPTIST MEM HOSP 1025 CRUMP BOULEVARD MEMPHIS, TN 38104 PROVIDER NO: 440048	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 090176 OWNERSHIP: NONPROFIT INTERMEDIARY: 00390 CROSS-REFER NO:442302	HCFA REGION: 04 TOTAL STATIONS: 039 RENAL NETWORK: 18 PHONE:(901)522-6516
UNIVERSITY OF TN MEDICAL CTR 956 COURT MEMPHIS, TN 38163 PROVIDER NO: 440166	FACILITY TYPE: TRANSPLANT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 081880 OWNERSHIP: NONPROFIT INTERMEDIARY: 00390 CROSS-REFER NO:442306	HCFA REGION: 04 TOTAL STATIONS: 000 RENAL NETWORK: 18 PHONE:(901)528-5104
LE BONHEUR CHILDRENS HOSP 848 ADAMS AVE MEMPHIS, TN 38103 PROVIDER NO: 440179	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: PERI CCPD	DATE APPROVED: 061884 OWNERSHIP: NONPROFIT INTERMEDIARY: 00390 CROSS-REFER NO:442307	HCFA REGION: 04 TOTAL STATIONS: 004 RENAL NETWORK: 18 PHONE:(901)522-3005
UNIVERSITY PHYSICIANS DIALYSIS CTR 66 N PAULINE SUITE 233 MEMPHIS, TN 38105 PROVIDER NO: 442523	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO TRAINING: HEMO CAPD	DATE APPROVED: 110183 OWNERSHIP: PROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 033 RENAL NETWORK: 18 PHONE:(901)577-4191
EAST MEMPHIS KIDNEY CLINIC INC. 6005 PARK, SUITE 127B MEMPHIS, TN 38119 PROVIDER NO: 442524	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 020984 OWNERSHIP: NONPROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 006 RENAL NETWORK: 18 PHONE:(901)765-2080
METHODIST HOSP 1265 UNION AVE MEMPHIS TN, TN 38104 PROVIDER NO: 440049	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 080180 OWNERSHIP: NONPROFIT INTERMEDIARY: 00390 CROSS-REFER NO:442308	HCFA REGION: 04 TOTAL STATIONS: 010 RENAL NETWORK: 18 PHONE:(901)726-8603
MORRISTOWN DIALYSIS CENTER 848 W FOURTH NORTH ST MORRISTOWN, TN 37814 PROVIDER NO: 442517	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 080681 OWNERSHIP: NONPROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 010 RENAL NETWORK: 18 PHONE:(615)587-3537
DIALYSIS CLINIC INC 1024 N HIGHLAND AVE MURFREESBORO, TN 37130 PROVIDER NO: 442528	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 110784 OWNERSHIP: NONPROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 006 RENAL NETWORK: 18 PHONE:(615)890-7741
VANDERBILT UNIV HOSP- 1161 21ST AVE SOUTH NASHVILLE, TN 37232 PROVIDER NO: 440039	FACILITY TYPE: TRANSPLANT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 093084 OWNERSHIP: NONPROFIT INTERMEDIARY: 00390 CROSS-REFER NO:442301	HCFA REGION: 04 TOTAL STATIONS: 000 RENAL NETWORK: 18 PHONE:(615)322-2415
DIALYSIS CLINIC INC 1600 HAYES STREET NASHVILLE, TN 37203 PROVIDER NO: 442502	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 090176 OWNERSHIP: NONPROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 036 RENAL NETWORK: 18 PHONE:(615)327-3984

STATE=TENNESSEE CONTINUED

MIDDLE TN ARTIFICIAL KIDNEY CTR 1005-18TH AVE. NORTH NASHVILLE, TN 37208 PROVIDER NO: 442509	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 070179 OWNERSHIP: PROFIT INTERMEDIARY: 00392 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 010 RENAL NETWORK: 18 PHONE:(615)327-2860
REN CENTER WHITE BRIDGE 103 WHITE BRIDGE ROAD NASHVILLE, TN 37209 PROVIDER NO: 442540	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 051686 OWNERSHIP: PROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 015 RENAL NETWORK: 18 PHONE:(615)352-5535
DIALYSIS CLINIC INC 417 HARDING INDUSTRIAL DR BLDG NASHVILLE, TN 37211 PROVIDER NO: 442541	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 062486 OWNERSHIP: NONPROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 010 RENAL NETWORK: 18 PHONE:(615)832-0761
DIALYSIS CLINIC OF OAK RIDGE 988 OAK RIDGE TNPK,PHYSICIANS PL OAK RIDGE, TN 37830 PROVIDER NO: 442513	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: PERI CAPD CCPD	DATE APPROVED: 071680 OWNERSHIP: PROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 013 RENAL NETWORK: 18 PHONE:(615)482-7650
PORTLAND DIALYSIS CLINIC HIGHLAND MED CTR-ROUTE 4 PORTLAND, TN 37148 PROVIDER NO: 442516	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 060281 OWNERSHIP: PROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 004 RENAL NETWORK: 18 PHONE:(615)325-7246
ARTIFICIAL KIDNEY SYSTEMS 1504 MEMORIAL BLVD SPRINGFIELD, TN 37172 PROVIDER NO: 442542	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 060386 OWNERSHIP: PROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 008 RENAL NETWORK: 18 PHONE:(615)384-2623
DIALYSIS SVCS OF SPRINGFIELD INC 205 5TH AVE E SPRINGFIELD, TN 37172 PROVIDER NO: 442543	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 091086 OWNERSHIP: PROFIT INTERMEDIARY: 00390 CROSS-REFER NO:	HCFA REGION: 04 TOTAL STATIONS: 008 RENAL NETWORK: 18 PHONE:(615)384-7842

STATE=TEXAS

ABILENE AREA DIALYSIS CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 083177	HCFA REGION: 06
1802 PINE STREET	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 022
ABILENE, TX 79601	SELF-CARE:	INTERMEDIARY: 00400	RENAL NETWORK: 11
PROVIDER NO: 452511	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(915)672-3243
SOUTH TEXAS KIDNEY CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 102980	HCFA REGION: 06
559 B. HIGHWAY 281 N	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 008
ALICE, TX 78332	SELF-CARE:	INTERMEDIARY: 00400	RENAL NETWORK: 11
PROVIDER NO: 452537	TRAINING:	CROSS-REFER NO:	PHONE:(512)664-1723
ST ANTHONYS HOSP	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090176	HCFA REGION: 06
735 N POLK ST	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 004
AMARILLO, TX 79176	SELF-CARE:	INTERMEDIARY: 00400	RENAL NETWORK: 11
PROVIDER NO: 450231	TRAINING:	CROSS-REFER NO:452340	PHONE:(806)376-4411
AMARILLO HIGH PLAINS DIALYSIS CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 083177	HCFA REGION: 06
5920 AMARILLO BLVD WEST	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 022
AMARILLO, TX 79106	SELF-CARE: HEMO	INTERMEDIARY: 00400	RENAL NETWORK: 11
PROVIDER NO: 452513	TRAINING:	CROSS-REFER NO:	PHONE:(806)353-9181
ANGLETON DANBURY DIALYSIS CLINIC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 100182	HCFA REGION: 06
135 HOSPITAL DR	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 011
ANGLETON, TX 77515	SELF-CARE: HEMO	INTERMEDIARY: 00400	RENAL NETWORK: 11
PROVIDER NO: 452549	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(409)849-4222
COMMUNITY DIALYSIS SVCS	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 062086	HCFA REGION: 06
201 W RANDOL MILL RD	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 010
ARLINGTON, TX 76011	SELF-CARE: HEMO	INTERMEDIARY: 00400	RENAL NETWORK: 11
PROVIDER NO: 452580	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(404)637-0737
BRACKENRIDGE HOSP	FACILITY TYPE: TRANSPLANT ONLY	DATE APPROVED: 083177	HCFA REGION: 06
15TH & EAST AVE	STAFF-ASSISTED:	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 000
AUSTIN, TX 78701	SELF-CARE:	INTERMEDIARY: 00400	RENAL NETWORK: 11
PROVIDER NO: 450124	TRAINING:	CROSS-REFER NO:452313	PHONE:(512)476-6401
AUSTIN DIAGNOSTIC CLINIC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 083177	HCFA REGION: 06
801 W 34TH ST	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 033
AUSTIN, TX 78705	SELF-CARE:	INTERMEDIARY: 00400	RENAL NETWORK: 11
PROVIDER NO: 452503	TRAINING: HEMO PERI CAPD CCPD	CROSS-REFER NO:	PHONE:(512)459-1111
MATAGORDA GENERAL HOSP	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 083177	HCFA REGION: 06
1115 AVE G	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 009
BAY CITY, TX 77414	SELF-CARE:	INTERMEDIARY: 00400	RENAL NETWORK: 11
PROVIDER NO: 450465	TRAINING:	CROSS-REFER NO:452329	PHONE:(713)245-6383
BMA-BAYTOWN DIALYSIS FACILITY	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 041586	HCFA REGION: 06
4500 NORTH MAIN	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 010
BAYTOWN, TX 77520	SELF-CARE:	INTERMEDIARY: 00400	RENAL NETWORK: 11
PROVIDER NO: 452575	TRAINING:	CROSS-REFER NO:	PHONE:(713)422-3794
GOLDEN TRIANGLE DIALYSIS CTR	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090177	HCFA REGION: 06
3282 COLLEGE	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 024
BEAUMONT, TX 77701	SELF-CARE: HEMO	INTERMEDIARY: 00400	RENAL NETWORK: 11
PROVIDER NO: 452524	TRAINING: CAPD	CROSS-REFER NO:	PHONE:(409)832-8424

STATE=TEXAS CONTINUED

COMMUNITY DIALYSIS CTR OF BEAUMONT 3680 COLLEGE ST BEAUMONT, TX 77701 PROVIDER NO: 452577	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: CAPD	DATE APPROVED: 061386 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 010 RENAL NETWORK: 11 PHONE:(409)838-6602
HEB DIALYSIS CENTER 2700 TIBBETS DR BEDFORD, TX 76021 PROVIDER NO: 452583	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 072586 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 008 RENAL NETWORK: 11 PHONE:(817)354-8811
VALLEY HEMODIALYSIS CENTER INC 855 W. PRICE RD #3 BROWNSVILLE, TX 78520 PROVIDER NO: 452517	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 083177 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 015 RENAL NETWORK: 11 PHONE:(512)546-3738
BROWNWOOD RENAL CARE CENTER 118A SOUTH PARK BROWNWOOD, TX 76801 PROVIDER NO: 452559	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: CAPD	DATE APPROVED: 031585 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 006 RENAL NETWORK: 11 PHONE:(915)646-9510
HEALTH SYSTEMS INTERNATIONAL OF BRYAN 1705 EAST 29TH ST BRYAN, TX 77801 PROVIDER NO: 452550	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 092782 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 014 RENAL NETWORK: 11 PHONE:(*)-
CARTHAGE DIALYSIS CENTER 301 E SABINE CARTHAGE, TX 75633 PROVIDER NO: 452556	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 080883 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 010 RENAL NETWORK: 11 PHONE:(*) -
MEDICAL CENTER HOSPITAL ESRD 504 MEDICAL CENTER BLVD CONROE, TX 77305 PROVIDER NO: 450222	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 041786 OWNERSHIP: NONPROFIT INTERMEDIARY: 00400 CROSS-REFER NO:452349	HCFA REGION: 06 TOTAL STATIONS: 010 RENAL NETWORK: 11 PHONE:(409)539-1111
SPOHN HOSP-RENAL CARE UNIT 600 ELIZABETH ST CORPUS CHRISTI, TX 78404 PROVIDER NO: 450153	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: CAPD	DATE APPROVED: 083177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00400 CROSS-REFER NO:452315	HCFA REGION: 06 TOTAL STATIONS: 018 RENAL NETWORK: 11 PHONE:(512)881-3156
COASTAL BEND RENAL DIALYSIS FAC 2733 SWANTNER DRIVE CORPUS CHRISTI, TX 78404 PROVIDER NO: 452514	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 083177 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 025 RENAL NETWORK: 11 PHONE:(512)855-4911
COMM DIALYSIS SVCS OF CORPUS CHRISTI 1010 AYERS STREET CORPUS CHRISTI, TX 78404 PROVIDER NO: 452589	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPD	DATE APPROVED: 103186 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 010 RENAL NETWORK: 11 PHONE:(512)887-7847
MEDICAL ARTS CLINIC ASSN.-ESRD 301 HOSPITAL DRIVE CORSICANA, TX 75110 PROVIDER NO: 452553	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 040483 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 012 RENAL NETWORK: 11 PHONE:(214)872-4611

STATE=TEXAS CONTINUED

PARKLAND MEMORIAL HOSPITAL 5201 HARRY HINES BLVD. DALLAS, TX 75235 PROVIDER NO: 450015	FACILITY TYPE: TRANSPLANT ONLY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 093084 OWNERSHIP: NONPROFIT INTERMEDIARY: 00400 CROSS-REFER NO:452301	HCFA REGION: 06 TOTAL STATIONS: 007 RENAL NETWORK: 11 PHONE:(214)637-8097
BAYLOR UNIVERSITY MEDICAL CENTER, ESRD 3500 GASTON AVE DALLAS, TX 75246 PROVIDER NO: 450021	FACILITY TYPE: TRANSPLANT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 062785 OWNERSHIP: NONPROFIT INTERMEDIARY: 00400 CROSS-REFER NO:452347	HCFA REGION: 06 TOTAL STATIONS: 000 RENAL NETWORK: 11 PHONE:(*) -
ST PAUL HOSPITAL 5909 HARRY HINES BLVD DALLAS, TX 75235 PROVIDER NO: 450044	FACILITY TYPE: INPATIENT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00400 CROSS-REFER NO:452307	HCFA REGION: 06 TOTAL STATIONS: 000 RENAL NETWORK: 11 PHONE:(214)689-2000
METHODIST MEDICAL CENTER(ESRD) 301 W COLORADO BLVD DALLAS, TX 75208 PROVIDER NO: 450051	FACILITY TYPE: TRANSPLANT ONLY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 093084 OWNERSHIP: NONPROFIT INTERMEDIARY: 00400 CROSS-REFER NO:452308	HCFA REGION: 06 TOTAL STATIONS: 002 RENAL NETWORK: 11 PHONE:(214)944-8211
PRESBYTERIAN HOSP 8200 WALNUT HILL LANE DALLAS, TX 75231 PROVIDER NO: 450462	FACILITY TYPE: INPATIENT ONLY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00400 CROSS-REFER NO:452327	HCFA REGION: 06 TOTAL STATIONS: 003 RENAL NETWORK: 11 PHONE:(214)369-4111
CHILDRENS MEDICAL CENTER-ESRD 1935 MOTOR STREET DALLAS, TX 75235 PROVIDER NO: 450560	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: PERI CAPD CCPD	DATE APPROVED: 062785 OWNERSHIP: NONPROFIT INTERMEDIARY: 00400 CROSS-REFER NO:452344	HCFA REGION: 06 TOTAL STATIONS: 002 RENAL NETWORK: 11 PHONE:(214)920-2005
SOUTHWESTERN DIALYSIS FACILITY 6010 FOREST PARK RD DALLAS, TX 75235 PROVIDER NO: 452501	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 083177 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 036 RENAL NETWORK: 11 PHONE:(214)637-5034
DALLAS KIDNEY DISEASE CLINIC 3604 LIVE OAK DALLAS, TX 75204 PROVIDER NO: 452505	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO	DATE APPROVED: 083177 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 053 RENAL NETWORK: 11 PHONE:(214)827-7840
OAK CLIFF DIALYSIS CENTER 516-518 SOUTH HAMPTON DALLAS, TX 75208 PROVIDER NO: 452516	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 083177 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 016 RENAL NETWORK: 11 PHONE:(214)941-2822
DALLAS NORTH DIALYSIS CENTER 7777 FOREST LANE-SUITE 2241 DALLAS, TX 75230 PROVIDER NO: 452521	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO	DATE APPROVED: 021378 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 022 RENAL NETWORK: 11 PHONE:(214)661-7170
ANGELO DIALYSIS CENTER 801 BEDWELL AVE DEL RIO, TX 78840 PROVIDER NO: 452557	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 040184 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 006 RENAL NETWORK: 11 PHONE:(915)775-8566

WATSON W WISE MEDICAL CTR	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 011278	HCFA REGION: 06
1201 W WASHINGTON #200	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 010
DENISON, TX 75020	SELF-CARE:	INTERMEDIARY: 00400	RENAL NETWORK: 11
PROVIDER NO: 450324	TRAINING: CAPD	CROSS-REFER NO:452343	PHONE:(214)465-3067
DENTON DIALYSIS CLINIC INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 070178	HCFA REGION: 06
4309 MESA DRIVE	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 013
DENTON, TX 76201	SELF-CARE: HEMO	INTERMEDIARY: 00400	RENAL NETWORK: 11
PROVIDER NO: 452528	TRAINING: CAPD	CROSS-REFER NO:	PHONE:(817)383-2603
EAGLE PASS KIDNEY DISEASE CLINIC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 030181	HCFA REGION: 06
P.O. BOX 2546	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 012
EAGLE PASS, TX 78852	SELF-CARE:	INTERMEDIARY: 00400	RENAL NETWORK: 11
PROVIDER NO: 452541	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(512)773-9545
HOTEL DIEU HOSPITAL MEDICAL CENTER	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 083177	HCFA REGION: 06
1014 N STANTON ST	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 040
EL PASO, TX 79902	SELF-CARE: HEMO	INTERMEDIARY: 00400	RENAL NETWORK: 11
PROVIDER NO: 450013	TRAINING: HEMO CAPD	CROSS-REFER NO:452300	PHONE:(915)545-3733
EL PASO DIALYSIS CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 060986	HCFA REGION: 06
1900 N OREGON, SUITE 307	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 010
EL PASO, TX 79902	SELF-CARE: HEMO PERI	INTERMEDIARY: 00400	RENAL NETWORK: 11
PROVIDER NO: 452581	TRAINING: HEMO PERI	CROSS-REFER NO:	PHONE:(915)534-4435
SIERRA DIALYSIS SERVICES	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 081486	HCFA REGION: 06
1733 CURIE, SUITE 301	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 014
EL PASO, TX 79902	SELF-CARE: HEMO PERI	INTERMEDIARY: 00400	RENAL NETWORK: 11
PROVIDER NO: 452586	TRAINING: HEMO PERI	CROSS-REFER NO:	PHONE:(915)534-0211
ELLIS COUNTY KIDNEY DISEASE CTR	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 071686	HCFA REGION: 06
708 LAMPASAS ST	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 010
ENNIS, TX 75119	SELF-CARE:	INTERMEDIARY: 00400	RENAL NETWORK: 11
PROVIDER NO: 452582	TRAINING:	CROSS-REFER NO:	PHONE:(817)875-8469
DIALYSIS ASSOCIATES	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 083177	HCFA REGION: 06
1408 ST LOUIS	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 040
FORT WORTH, TX 76104	SELF-CARE:	INTERMEDIARY: 00400	RENAL NETWORK: 11
PROVIDER NO: 452502	TRAINING: CAPD	CROSS-REFER NO:	PHONE:(817)921-5191
KIDNEY CARE -FORT WORTH INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 061785	HCFA REGION: 06
1032 SANDY LANE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 010
FORT WORTH, TX 76112	SELF-CARE: HEMO PERI	INTERMEDIARY: 00400	RENAL NETWORK: 11
PROVIDER NO: 452563	TRAINING: HEMO PERI	CROSS-REFER NO:	PHONE:(*)-
COMMUNITY DIALYSIS SERVICES	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 050986	HCFA REGION: 06
1001 PENNSYLVANIA AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 010
FORT WORTH, TX 76108	SELF-CARE:	INTERMEDIARY: 00400	RENAL NETWORK: 11
PROVIDER NO: 452579	TRAINING:	CROSS-REFER NO:	PHONE:(817)877-5907
HARRIS HOSP-METHODIST	FACILITY TYPE: TRANSPLANT ONLY	DATE APPROVED: 103085	HCFA REGION: 06
1300 W CANNON	STAFF-ASSISTED:	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 000
FT WORTH, TX 76104	SELF-CARE:	INTERMEDIARY: 00400	RENAL NETWORK: 11
PROVIDER NO: 450135	TRAINING:	CROSS-REFER NO:452337	PHONE:(817)334-6161

STATE=TEXAS CONTINUED

UNIVERSITY OF TEXAS-MEDICAL BRANCH 301 UNIVERSITY BLVD GALVESTON, TX 77550 PROVIDER NO: 450018	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: PERI CAPD	DATE APPROVED: 083177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00400 CROSS-REFER NO:452303	HCFA REGION: 06 TOTAL STATIONS: 019 RENAL NETWORK: 11 PHONE:(409)761-3460
ISLAND DIALYSIS CTR 707 TREMONT GALVESTON, TX 77550 PROVIDER NO: 452520	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 092677 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 017 RENAL NETWORK: 11 PHONE:(713)763-0371
THE AUSTIN DIAGNOSTIC CLINIC HIGHWAY 141 & CACTUS ST GIDDINGS, TX 78942 PROVIDER NO: 452529	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 021979 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 008 RENAL NETWORK: 11 PHONE:(409)542-3116
MID CITIES DIALYSIS CENTER 522 AVE K EAST GRAND PRAIRIE, TX 75050 PROVIDER NO: 452534	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 052179 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 013 RENAL NETWORK: 11 PHONE:(214)641-4646
GREENVILLE DIALYSIS CENTER 2805 MITCHELL ST GREENVILLE, TX 75401 PROVIDER NO: 452535	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING:	DATE APPROVED: 020480 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 014 RENAL NETWORK: 11 PHONE:(214)454-8301
W. W. WISE MEMORIAL DIALYSIS CENTER 2200 HAINE DR HARLINGEN, TX 78550 PROVIDER NO: 452531	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 062879 OWNERSHIP: NONPROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 020 RENAL NETWORK: 11 PHONE:(512)421-1503
HERMANN HOSP 1203 ROSS STERLING AVE HOUSTON, TX 77025 PROVIDER NO: 450068	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: CAPD	DATE APPROVED: 040177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00400 CROSS-REFER NO:452309	HCFA REGION: 06 TOTAL STATIONS: 014 RENAL NETWORK: 11 PHONE:(713)797-4631
BEN TAUB GENERAL HOSPITAL 726 GILLETTE-BOX 66769 HOUSTON, TX 77006 PROVIDER NO: 450289	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 083177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00400 CROSS-REFER NO:452322	HCFA REGION: 06 TOTAL STATIONS: 007 RENAL NETWORK: 11 PHONE:(713)791-7383
METHODIST HOSPITAL-ESRD 6516 BERTNER BLVD HOUSTON, TX 77025 PROVIDER NO: 450358	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO PERI CAPD	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00400 CROSS-REFER NO:452324	HCFA REGION: 06 TOTAL STATIONS: 040 RENAL NETWORK: 11 PHONE:(713)790-3311
TEXAS CHILDRENS HOSP (ESRD) BOX 20269 HOUSTON, TX 77025 PROVIDER NO: 450576	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 083177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00400 CROSS-REFER NO:452333	HCFA REGION: 06 TOTAL STATIONS: 004 RENAL NETWORK: 11 PHONE:(713)521-3211
GULF COAST DIALYSIS CENTER 4407 YOAKUM BLVD HOUSTON, TX 77006 PROVIDER NO: 452500	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPD	DATE APPROVED: 083177 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 049 RENAL NETWORK: 11 PHONE:(713)527-8436

DIAGNOSTIC CLINIC OF HOUSTON	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 083177	HCFA REGION: 06
6448 FANNIN	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 009
HOUSTON, TX 77030	SELF-CARE: HEMO	INTERMEDIARY: 00400	RENAL NETWORK: 11
PROVIDER NO: 452509	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(713)797-9191
WEST HOUSTON DIALYSIS FACILITY	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090177	HCFA REGION: 06
9623 LONG POINT ROAD	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 017
HOUSTON, TX 77055	SELF-CARE: HEMO	INTERMEDIARY: 00400	RENAL NETWORK: 11
PROVIDER NO: 452519	TRAINING: PERI CAPD CCPD	CROSS-REFER NO:	PHONE:(713)932-4324
ZIMMERMAN MEDICAL CLINIC DIALYSIS CTR	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 061377	HCFA REGION: 06
7707 FANNIN SUITE 155	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 019
HOUSTON, TX 77054	SELF-CARE:	INTERMEDIARY: 00400	RENAL NETWORK: 11
PROVIDER NO: 452523	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:	PHONE:(713)797-9999
JACINTO TOWERS ARTIFICIAL KIDNEY CTR.	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 042779	HCFA REGION: 06
10100 E. FREEWAY I.H. 10 EAST	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 018
HOUSTON, TX 77029	SELF-CARE: HEMO PERI	INTERMEDIARY: 00400	RENAL NETWORK: 11
PROVIDER NO: 452530	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(713)674-5480
SOUTHEAST KIDNEY CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 060479	HCFA REGION: 06
9197 WINKLER DR. BLDG D	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 015
HOUSTON, TX 77017	SELF-CARE:	INTERMEDIARY: 00400	RENAL NETWORK: 11
PROVIDER NO: 452533	TRAINING: CAPD	CROSS-REFER NO:	PHONE:(713)947-9564
ST JOSEPH DIALYSIS CTR	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 041183	HCFA REGION: 06
2424 HAMILTON SUITE 200	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 017
HOUSTON, TX 77004	SELF-CARE: HEMO PERI	INTERMEDIARY: 00400	RENAL NETWORK: 11
PROVIDER NO: 452554	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:	PHONE:(713)951-0421
FONDREN DIALYSIS CLINIC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 052185	HCFA REGION: 06
8415 WEST BELLFORT #101	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 007
HOUSTON, TX 77071	SELF-CARE: HEMO PERI	INTERMEDIARY: 00400	RENAL NETWORK: 11
PROVIDER NO: 452560	TRAINING: HEMO PERI	CROSS-REFER NO:	PHONE:(409)849-4268
NORTHWEST DIALYSIS CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090985	HCFA REGION: 06
10694 JONES RD	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 012
HOUSTON, TX 77065	SELF-CARE:	INTERMEDIARY: 00400	RENAL NETWORK: 11
PROVIDER NO: 452564	TRAINING: HEMO PERI	CROSS-REFER NO:	PHONE:(*)-
HOUSTON NORTHWEST MED CENTER	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 110585	HCFA REGION: 06
710 FM 1960 WEST	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 003
HOUSTON, TX 77090	SELF-CARE:	INTERMEDIARY: 00400	RENAL NETWORK: 11
PROVIDER NO: 450638	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:452348	PHONE:(713)440-1000
NORTH BELT DIALYSIS CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 012386	HCFA REGION: 06
6805 OAK VILLAGE RD	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 010
HOUSTON, TX 77396	SELF-CARE:	INTERMEDIARY: 00400	RENAL NETWORK: 11
PROVIDER NO: 452569	TRAINING:	CROSS-REFER NO:	PHONE:(713)441-4128
PLAZA DIALYSIS UNIT	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 032186	HCFA REGION: 06
1200 BINZ SUITE 1180	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 020
HOUSTON, TX 77004	SELF-CARE: HEMO PERI	INTERMEDIARY: 00400	RENAL NETWORK: 11
PROVIDER NO: 452572	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:	PHONE:(713)520-6790

STATE=TEXAS CONTINUED

NORTH HOUSTON DIALYSIS FACILITY 3500 LITTLE YORK HOUSTON, TX 77903 PROVIDER NO: 452574	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 041686 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 010 RENAL NETWORK: 11 PHONE:(713)692-0542
SOUTHWEST HOUSTON DIALYSIS FACILITY 10850 S GESSNER HOUSTON, TX 77071 PROVIDER NO: 452576	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI CAPD	DATE APPROVED: 050786 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 012 RENAL NETWORK: 11 PHONE:(713)541-5541
HOUSTON KIDNEY CENTER 1200 BINZ SUITE 300 HOUSTON, TX 77004 PROVIDER NO: 452578	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 061786 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 014 RENAL NETWORK: 11 PHONE:(713)527-3773
COMMUNITY DIALYSIS SVCS OF HOUSTON 7543 SOUTH FREEWAY HOUSTON, TX 77021 PROVIDER NO: 452584	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 072586 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 016 RENAL NETWORK: 11 PHONE:(713)741-9578
ST LUKE'S EPISCOPAL HOSPITAL 6720 BERTNER ST HOUSTON, TX 77030 PROVIDER NO: 450193	FACILITY TYPE: TRANSPLANT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 092686 OWNERSHIP: NONPROFIT INTERMEDIARY: 00400 CROSS-REFER NO:452350	HCFA REGION: 06 TOTAL STATIONS: 000 RENAL NETWORK: 11 PHONE:(713)791-2011
IRVING DIALYSIS CENTER 1226 N BELTLINE RD IRVING, TX 75061 PROVIDER NO: 452561	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 031185 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 007 RENAL NETWORK: 11 PHONE:(*)-
JASPER DIALYSIS FACILITY 1135 S WHEELER JASPER, TX 75951 PROVIDER NO: 452573	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 022886 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 010 RENAL NETWORK: 11 PHONE:(409)384-4142
KERRVILLE KIDNEY DISEASE DIALYSIS CT 314 W WATER ST KERRVILLE, TX 78028 PROVIDER NO: 452546	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 120181 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 010 RENAL NETWORK: 11 PHONE:(512)896-8107
LAREDO KIDNEY CENTER 1020 EAST CALTON(REAR) LAREDO, TX 78041 PROVIDER NO: 452518	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 083177 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 012 RENAL NETWORK: 11 PHONE:(512)723-1131
GOOD SHEPHERD MEDICAL CENTER 621 N 5TH ST LONGVIEW, TX 75601 PROVIDER NO: 450037	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 083177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00400 CROSS-REFER NO:452306	HCFA REGION: 06 TOTAL STATIONS: 012 RENAL NETWORK: 11 PHONE:(214)758-9181
LONGVIEW KIDNEY DISEASE CTR 613 N THIRD-P.O.BOX 3186 LONGVIEW, TX 75601 PROVIDER NO: 452566	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: CAPD	DATE APPROVED: 092885 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 003 RENAL NETWORK: 11 PHONE:(214)758-3401

STATE=TEXAS CONTINUED

METHODIST HOSP 3615 19TH ST BOX 1201 LUBBOCK, TX 79408 PROVIDER NO: 450457	FACILITY TYPE: INPATIENT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 083177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00400 CROSS-REFER NO:452326	HCFA REGION: 06 TOTAL STATIONS: 000 RENAL NETWORK: 11 PHONE:(806)792-1011
LUBBOCK GENERAL HOSPITAL 602 INDIANA AVE BOX 5980 LUBBOCK, TX 79417 PROVIDER NO: 450686	FACILITY TYPE: TRANSPLANT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 090178 OWNERSHIP: NONPROFIT INTERMEDIARY: 00400 CROSS-REFER NO:452341	HCFA REGION: 06 TOTAL STATIONS: 000 RENAL NETWORK: 11 PHONE:(806)743-3311
SOUTH PLAINS DIALYSIS CENTER 4110 22ND PLACE LUBBOCK, TX 79410 PROVIDER NO: 452506	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPD	DATE APPROVED: 083177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 032 RENAL NETWORK: 11 PHONE:(806)793-1414
SOUTH PLAINS KIDNEY DISEASE CTR 1607 W LOOP 289 LUBBOCK, TX 79416 PROVIDER NO: 452568	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO PERI TRAINING: HEMO PERI	DATE APPROVED: 103085 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 027 RENAL NETWORK: 11 PHONE:(806)799-2991
HENDERSON KIDNEY DESEASE CTR FRANK & FRANKLIN STS LUFKIN, TX 75901 PROVIDER NO: 450211	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 111081 OWNERSHIP: NONPROFIT INTERMEDIARY: 00400 CROSS-REFER NO:452345	HCFA REGION: 06 TOTAL STATIONS: 012 RENAL NETWORK: 11 PHONE:(713)634-8111
MADISON CO MEDICAL CENTER 100 W CROSS ST BOX 698 MADISONVILLE, TX 77864 PROVIDER NO: 450467	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 083177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00400 CROSS-REFER NO:452330	HCFA REGION: 06 TOTAL STATIONS: 014 RENAL NETWORK: 11 PHONE:(713)348-2631
VALLEY HEMODIALYSIS CENTER INC. 1117 E DALLAS MCALLEN, TX 78501 PROVIDER NO: 452508	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 083177 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 022 RENAL NETWORK: 11 PHONE:(512)682-1259
PERMIAN BASIN DIAYLSIS CENTER 209 YOUNGER RD MIDLAND, TX 79701 PROVIDER NO: 452512	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPD	DATE APPROVED: 083177 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 020 RENAL NETWORK: 11 PHONE:(915)337-7501
MEMORIAL HOSPITAL 1204 MOUND ST NACOGDOCHES, TX 75961 PROVIDER NO: 450508	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 083177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00400 CROSS-REFER NO:452331	HCFA REGION: 06 TOTAL STATIONS: 010 RENAL NETWORK: 11 PHONE:(713)564-4611
MEDICAL CENTER HOSP (ESRD) 500 W 4TH ST ODESSA, TX 79761 PROVIDER NO: 450132	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 083177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00400 CROSS-REFER NO:452314	HCFA REGION: 06 TOTAL STATIONS: 003 RENAL NETWORK: 11 PHONE:(915)333-7111
ST JOSEPHS HOSP INC 820 CLARKSVILLE ST P O BOX 70 PARIS, TX 75460 PROVIDER NO: 450196	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO TRAINING: HEMO	DATE APPROVED: 120977 OWNERSHIP: NONPROFIT INTERMEDIARY: 00400 CROSS-REFER NO:452339	HCFA REGION: 06 TOTAL STATIONS: 017 RENAL NETWORK: 11 PHONE:(214)785-4521

STATE=TEXAS CONTINUED

PITTSBURG MEDICAL CENTER ESRD 414 QUITMAN PITTSBURG, TX 75686 PROVIDER NO: 450098	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 010879 OWNERSHIP: NONPROFIT INTERMEDIARY: 00400 CROSS-REFER NO:452342	HCFA REGION: 06 TOTAL STATIONS: 006 RENAL NETWORK: 11 PHONE:(214)856-6663
ST MARY HOSPITAL OF PT ARTHUR 3600 GATES BLVD. PORT ARTHUR, TX 77640 PROVIDER NO: 450096	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 083177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00400 CROSS-REFER NO:452312	HCFA REGION: 06 TOTAL STATIONS: 011 RENAL NETWORK: 11 PHONE:(409)985-7431
ROSENBERG DIALYSIS FACILITY 3303 WEST RD ROSENBERG, TX 77471 PROVIDER NO: 452542	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: CAPD	DATE APPROVED: 060581 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 013 RENAL NETWORK: 11 PHONE:(713)341-7425
ST JOHNS RENAL CARE CENTER 2018 PULLIAM ST BOX 1191 SAN ANGELO, TX 76901 PROVIDER NO: 450376	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 083177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00400 CROSS-REFER NO:452325	HCFA REGION: 06 TOTAL STATIONS: 012 RENAL NETWORK: 11 PHONE:(915)655-3181
MEDICAL CENTER HOSP-RENAL LAB 4502 MEDICAL DR SAN ANTONIO, TX 78284 PROVIDER NO: 450213	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 083177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00400 CROSS-REFER NO:452318	HCFA REGION: 06 TOTAL STATIONS: 011 RENAL NETWORK: 11 PHONE:(512)694-3030
SANTA ROSA MEDICAL CENTER 519 W. HOUSTON ST. SAN ANTONIO, TX 78207 PROVIDER NO: 450237	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 083177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00400 CROSS-REFER NO:452319	HCFA REGION: 06 TOTAL STATIONS: 037 RENAL NETWORK: 11 PHONE:(512)228-2011
HUMANA HOSPITAL 8026 FLOYD CURL DR SAN ANTONIO, TX 78229 PROVIDER NO: 450631	FACILITY TYPE: TRANSPLANT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 070284 OWNERSHIP: PROFIT INTERMEDIARY: 52280 CROSS-REFER NO:452346	HCFA REGION: 06 TOTAL STATIONS: 000 RENAL NETWORK: 11 PHONE:(512)692-8110
KIDNEY DISEASE CLINIC OF SAN ANTONIO 7540 LOUIS PASTEUR DR,SUITE 100 SAN ANTONIO, TX 78229 PROVIDER NO: 452507	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 083177 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 030 RENAL NETWORK: 11 PHONE:(512)690-1515
SAN ANTONIO KIDNEY DISEASE CTR 1222 MCCULLOUGH SAN ANTONIO, TX 78212 PROVIDER NO: 452527	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO PERI CAPD	DATE APPROVED: 020678 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 034 RENAL NETWORK: 11 PHONE:(512)228-0743
SOUTHSIDE KIDNEY DISEASE CLINIC 1335 SE MILITARY DR SAN ANTONIO, TX 78214 PROVIDER NO: 452544	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: CAPD	DATE APPROVED: 072781 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 020 RENAL NETWORK: 11 PHONE:(512)923-5457
NORTHEAST KIDNEY DISEASE CENTER 2391 NORTHEAST LOOP 410, #409 SAN ANTONIO, TX 78217 PROVIDER NO: 452565	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 070885 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 010 RENAL NETWORK: 11 PHONE:(512)653-1142

SOUTHWEST DIALYSIS CENTER 7355 BARLITE, SUITE 301 SAN ANTONIO, TX 78224 PROVIDER NO: 452571	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI	DATE APPROVED: 031486 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 018 RENAL NETWORK: 11 PHONE:(512)921-1092
MALDONADO KIDNEY DISEASE CLINIC 106 HEIMAN SAN ANTONIO, TX 78205 PROVIDER NO: 452570	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: HEMO TRAINING: HEMO CAPD	DATE APPROVED: 031286 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 010 RENAL NETWORK: 11 PHONE:(512)224-1079
COMMUNITY DIALYSIS SERVICES 4151 CALLAGHAN RD, SUITE 101 SAN ANTONIO, TX 78228 PROVIDER NO: 452587	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 100386 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 020 RENAL NETWORK: 11 PHONE:(512)521-7855
AUSTIN DIAGNOSTIC CLINIC 132 JACKSON LANE SAN MARCOS, TX 78666 PROVIDER NO: 452522	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 083177 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 008 RENAL NETWORK: 11 PHONE:(512)392-1255
KIDNEY DISEASE CLINIC OF SEGUIN 114 N CROCKETT ST SEGUIN, TX 78156 PROVIDER NO: 452545	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 112081 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 011 RENAL NETWORK: 11 PHONE:(512)379-9771
STEPHENVILLE GENERAL HOSPITAL INC 411 NORTH BELKNAP STEPHENVILLE, TX 76401 PROVIDER NO: 450351	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 030678 OWNERSHIP: NONPROFIT INTERMEDIARY: 00400 CROSS-REFER NO:452323	HCFA REGION: 06 TOTAL STATIONS: 003 RENAL NETWORK: 11 PHONE:(817)965-3115
SCOTT & WHITE CLINIC 2401 S 31ST ST TEMPLE, TX 76501 PROVIDER NO: 452504	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: CAPD	DATE APPROVED: 083177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 015 RENAL NETWORK: 11 PHONE:(817)774-2026
TEXARKANA REGIONAL DIALYSIS CTR 4800 TEXAS BLVD TEXARKANA, TX 75503 PROVIDER NO: 452552	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 030183 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 022 RENAL NETWORK: 11 PHONE:(214)792-7151
W. W. WISE REGIONAL DIALYSIS CENTER 815 EAST FIRST TYLER, TX 75701 PROVIDER NO: 452532	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 070979 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 027 RENAL NETWORK: 11 PHONE:(214)595-2495
KIDNEY DISEASE CLINIC OF UVALDE 1001 GARNER EIELD RD UVALDE, TX 78801 PROVIDER NO: 452540	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 011681 OWNERSHIP: PROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 009 RENAL NETWORK: 11 PHONE:(512)278-1126
CROSSROADS DIALYSIS CLINIC 1405 VICTORIA STATION DR VICTORIA, TX 77901 PROVIDER NO: 452567	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI	DATE APPROVED: 100785 OWNERSHIP: NONPROFIT INTERMEDIARY: 00400 CROSS-REFER NO:	HCFA REGION: 06 TOTAL STATIONS: 023 RENAL NETWORK: 11 PHONE:(512)576-9113

BRAZOS KIDNEY DISEASE CTR	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 102777	HCFA REGION: 06
3420 PINE AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 025
WACO, TX 78708	SELF-CARE:	INTERMEDIARY: 00400	RENAL NETWORK: 11
PROVIDER NO: 452526	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(817)752-5503
WESLACO DIALYSIS FACILITY	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 082086	HCFA REGION: 06
1025 N TEXAS BLVD	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 010
WESLACO, TX 77859	SELF-CARE: HEMO PERI	INTERMEDIARY: 00400	RENAL NETWORK: 11
PROVIDER NO: 452585	TRAINING: HEMO PERI	CROSS-REFER NO:	PHONE:(512)968-0637
WHARTON KIDNEY CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 100986	HCFA REGION: 06
1400 U S 59	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 011
WHARTON, TX 77488	SELF-CARE: HEMO	INTERMEDIARY: 00400	RENAL NETWORK: 11
PROVIDER NO: 452588	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(409)532-2500
BMA WHARTON COMMUNITY DIALYSIS	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 103186	HCFA REGION: 06
EASTGATE PLAZA SUITE 325	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 006
WHARTON, TX 77488	SELF-CARE:	INTERMEDIARY: 00400	RENAL NETWORK: 11
PROVIDER NO: 452590	TRAINING:	CROSS-REFER NO:	PHONE:(409)532-2937
NORTH TEXAS DIALYSIS CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 083177	HCFA REGION: 06
1515 TENTH STREET	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 018
WICHITA FALLS, TX 76301	SELF-CARE:	INTERMEDIARY: 00400	RENAL NETWORK: 11
PROVIDER NO: 452510	TRAINING:	CROSS-REFER NO:	PHONE:(817)322-1450
CYPRESS CREEK DIALYSIS FACILITY	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 112080	HCFA REGION: 06
9449 GROGAN'S MILL RD	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 016
WOODLANDS, TX 77380	SELF-CARE:	INTERMEDIARY: 00400	RENAL NETWORK: 11
PROVIDER NO: 452539	TRAINING: CAPD	CROSS-REFER NO:	PHONE:(713)363-1262

STATE=UTAH

8RIDGERLAND DIALYSIS FAC	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 020281	HCFA REGION: 08
1400 NORTH 500 EAST	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 004
LOGAN, UT 84321	SELF-CARE:	INTERMEDIARY: 00410	RENAL NETWORK: 05
PROVIDER NO: 460015	TRAINING:	CROSS-REFER NO:462307	PHONE:(801)752-2050
MIDVALE DIALYSIS	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 021282	HCFA REGION: 08
7304 SOUTH 300 WEST SUITE 206	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 006
MIDVALE, UT 84047	SELF-CARE: HEMO PERI	INTERMEDIARY: 00410	RENAL NETWORK: 05
PROVIDER NO: 462509	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:	PHONE:(801)566-8400
BONNEVILLE DIALYSIS CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 030984	HCFA REGION: 08
5575 S 500 EAST	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 009
OGDEN, UT 84405	SELF-CARE: HEMO PERI	INTERMEDIARY: 00410	RENAL NETWORK: 05
PROVIDER NO: 462517	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:	PHONE:(801)566-8400
CASTLEVIEW DIALYSIS CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 021782	HCFA REGION: 08
RFD 2 BOX 46-A6	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 006
PRICE, UT 84501	SELF-CARE:	INTERMEDIARY: 00410	RENAL NETWORK: 05
PROVIDER NO: 462510	TRAINING:	CROSS-REFER NO:	PHONE:(801)581-8570
PROVO DIALYSIS CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 032577	HCFA REGION: 08
1034 NORTH 500 WEST	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 007
PROVO, UT 84603	SELF-CARE:	INTERMEDIARY: 00410	RENAL NETWORK: 05
PROVIDER NO: 462504	TRAINING: HEMO PERI	CROSS-REFER NO:	PHONE:(801)379-7115
UINTAH BASIN DIALYSIS CTR	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 050580	HCFA REGION: 08
391 NORTH 200 WEST (74-6)	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 006
ROOSEVELT, UT 84066	SELF-CARE:	INTERMEDIARY: 00410	RENAL NETWORK: 05
PROVIDER NO: 462506	TRAINING:	CROSS-REFER NO:	PHONE:(801)722-5056
UNIVERSITY OF UTAH MED CTR	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 082577	HCFA REGION: 08
50 N MEDICAL DR	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 004
SALT LAKE CITY, UT 84132	SELF-CARE:	INTERMEDIARY: 00410	RENAL NETWORK: 05
PROVIDER NO: 460009	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:462300	PHONE:(801)581-3212
LDS HOSPITAL TRANSPLANT CENTER	FACILITY TYPE: TRANSPLANT ONLY	DATE APPROVED: 110483	HCFA REGION: 08
325 8TH AVE	STAFF-ASSISTED:	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 000
SALT LAKE CITY, UT 84143	SELF-CARE:	INTERMEDIARY: 00410	RENAL NETWORK: 05
PROVIDER NO: 460010	TRAINING:	CROSS-REFER NO:462302	PHONE:(801)321-1100
VA HOSP	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 080577	HCFA REGION: 08
500 FOOTHILL DR	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 012
SALT LAKE CITY, UT 84148	SELF-CARE: HEMO PERI	INTERMEDIARY: 00080	RENAL NETWORK: 05
PROVIDER NO: 46002F	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:462301	PHONE:(801)584-1270
KOLFF DIALYSIS CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 082477	HCFA REGION: 08
DUMKE BLDG 535	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 016
SALT LAKE CITY, UT 84112	SELF-CARE:	INTERMEDIARY: 00410	RENAL NETWORK: 05
PROVIDER NO: 462503	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:	PHONE:(801)581-6426
CENTRAL VALLEY KIDNEY CENTER	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 111883	HCFA REGION: 08
1459 EAST 3900 SOUTH	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 011
SALT LAKE CITY, UT 84117	SELF-CARE: HEMO PERI	INTERMEDIARY: 00410	RENAL NETWORK: 05
PROVIDER NO: 463501	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:	PHONE:(801)278-0478

STATE=UTAH CONTINUED

UTAH DIALYSIS LAB	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 111883	HCFA REGION: 08
633 E SOUTH TEMPLE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 012
SALT LAKE CITY, UT 84102	SELF-CARE:	INTERMEDIARY: 00410	RENAL NETWORK: 05
PROVIDER NO: 463502	TRAINING:	CROSS-REFER NO:	PHONE:(801)364-1163
DIXIE DIALYSIS	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 051482	HCFA REGION: 08
544 SOUTH 400 EAST	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 018
ST GEORGE, UT 84770	SELF-CARE:	INTERMEDIARY: 00410	RENAL NETWORK: 05
PROVIDER NO: 462511	TRAINING:	CROSS-REFER NO:	PHONE:(801)673-9681

STATE=VERMONT

MEDICAL CENTER HOSPITAL OF VERMONT	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 083177	HCFA REGION: 01
COLCHESTER AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 014
BURLINGTON, VT 05401	SELF-CARE: HEMO PERI	INTERMEDIARY: 00270	RENAL NETWORK: 28
PROVIDER NO: 470003	TRAINING: HEMO CAPD CCPD	CROSS-REFER NO:472300	PHONE:(802)656-3572

STATE=VIRGINIA

NORTHERN VA DIALYSIS CTR	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090177	HCFA REGION: 03
5249 DUKE ST SUITE 208	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 020
ALEXANDRIA, VA 22304	SELF-CARE:	INTERMEDIARY: 00080	RENAL NETWORK: 23
PROVIDER NO: 492505	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(703)370-8250
BMA OF NORTHERN VA	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 010177	HCFA REGION: 03
1701 N GEORGE MASON DR	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 006
ARLINGTON, VA 22205	SELF-CARE:	INTERMEDIARY: 00080	RENAL NETWORK: 23
PROVIDER NO: 492515	TRAINING:	CROSS-REFER NO:	PHONE:(703)698-8070
MOUNTAIN EMPIRE DIALYSIS CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 012584	HCFA REGION: 03
CLOVERLEAF SQUARE 3A-RT.1	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 006
BIG STONE GAP, VA 24219	SELF-CARE:	INTERMEDIARY: 00424	RENAL NETWORK: 30
PROVIDER NO: 492533	TRAINING: CAPD	CROSS-REFER NO:	PHONE:(403)523-5590
UNIVERSITY OF VIRGINIA HOSP	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 080177	HCFA REGION: 03
UNIVERSITY STATION BOX 133	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 019
CHARLOTTESVILLE, VA 22908	SELF-CARE:	INTERMEDIARY: 00423	RENAL NETWORK: 30
PROVIDER NO: 490009	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:492301	PHONE:(804)924-2188
ALLEGHANY DIALYSIS CENTER, INC.	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 072380	HCFA REGION: 03
ROUTE 2 VALLEY RIDGE ROAD	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 006
COVINGTON, VA 24426	SELF-CARE:	INTERMEDIARY: 00423	RENAL NETWORK: 30
PROVIDER NO: 492522	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:	PHONE:(703)862-4419
DANVILLE UROLOGIC CLINIC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 080177	HCFA REGION: 03
1040 MAIN ST	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 020
DANVILLE, VA 24541	SELF-CARE:	INTERMEDIARY: 00423	RENAL NETWORK: 30
PROVIDER NO: 492501	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:	PHONE:(804)792-1433
RICHARDSON MEMORIAL DIALYSIS CTR	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 101579	HCFA REGION: 03
306 WEAVER AVE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 018
EMPORIA, VA 23847	SELF-CARE:	INTERMEDIARY: 00423	RENAL NETWORK: 30
PROVIDER NO: 492518	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(804)634-6187
BMA OF ARLINGTON	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090177	HCFA REGION: 03
8316 ARLINGTON BLVD.	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 024
FAIRFAX, VA 22031	SELF-CARE:	INTERMEDIARY: 00080	RENAL NETWORK: 23
PROVIDER NO: 492504	TRAINING: HEMO	CROSS-REFER NO:	PHONE:(703)698-8070
FAIRFAX HOSPITAL	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 060679	HCFA REGION: 03
3300 GALLOWS RD	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 004
FALLS CHURCH, VA 22046	SELF-CARE:	INTERMEDIARY: 00080	RENAL NETWORK: 23
PROVIDER NO: 490063	TRAINING: HEMO	CROSS-REFER NO:492312	PHONE:(303)698-3361
FARMVILLE DIALYSIS FACILITY	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090380	HCFA REGION: 03
800 BUFFALO ST	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 008
FARMVILLE, VA 23901	SELF-CARE:	INTERMEDIARY: 00423	RENAL NETWORK: 30
PROVIDER NO: 492526	TRAINING: HEMO	CROSS-REFER NO:	PHONE:(804)847-6689
FREDERICKSBURG DIALYSIS CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 080177	HCFA REGION: 03
511 WESTWOOD OFFICE PARK,RT 3	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 010
FREDERICKSBURG, VA 22401	SELF-CARE:	INTERMEDIARY: 00423	RENAL NETWORK: 30
PROVIDER NO: 492508	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(703)371-9531

STATE=VIRGINIA CONTINUED

TWIN COUNTY DIALYSIS CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 101382	HCFA REGION: 03
607 GLENDALE ROAD	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 005
GALAX, VA 24333	SELF-CARE: HEMO PERI	INTERMEDIARY: 00424	RENAL NETWORK: 30
PROVIDER NO: 492529	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:	PHONE:(703)236-6011
GLOUCESTER DIALYSIS CTR INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 071577	HCFA REGION: 03
POB 739	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 010
GLOUCESTER, VA 23061	SELF-CARE:	INTERMEDIARY: 00423	RENAL NETWORK: 30
PROVIDER NO: 492514	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(804)693-2980
SOUTHWEST VA DIALYSIS FACILITY	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 022183	HCFA REGION: 03
P.O. BOX 1335	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 007
GRUNDY, VA 24614	SELF-CARE:	INTERMEDIARY: 00423	RENAL NETWORK: 30
PROVIDER NO: 492531	TRAINING:	CROSS-REFER NO:	PHONE:(703)935-8889
HAMPTON GENERAL DIALYSIS CTR	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090980	HCFA REGION: 03
3120 VICTORIA BLVD	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 009
HAMPTON, VA 23669	SELF-CARE:	INTERMEDIARY: 00423	RENAL NETWORK: 30
PROVIDER NO: 490093	TRAINING: HEMO CAPD	CROSS-REFER NO:492313	PHONE:(804)727-7554
HARRISONBURG DIALYSIS CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090177	HCFA REGION: 03
847 CANTRELL AVE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 012
HARRISONBURG, VA 22801	SELF-CARE:	INTERMEDIARY: 00423	RENAL NETWORK: 30
PROVIDER NO: 492507	TRAINING: HEMO PERI CAPD CCPD	CROSS-REFER NO:	PHONE:(703)434-1033
LYNCHBURG DIALYSIS FACILITY	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090177	HCFA REGION: 03
2015 TATE SPRINGS RD	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 019
LYNCHBURG, VA 24501	SELF-CARE:	INTERMEDIARY: 00423	RENAL NETWORK: 30
PROVIDER NO: 492509	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(801)528-1074
BMA OF SMYTH COUNTY INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090177	HCFA REGION: 03
1154 SNIDER STREET	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 007
MARION, VA 24354	SELF-CARE:	INTERMEDIARY: 00424	RENAL NETWORK: 30
PROVIDER NO: 492510	TRAINING:	CROSS-REFER NO:	PHONE:(703)783-6196
MARTINSVILLE DIALYSIS FACILITY	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 011182	HCFA REGION: 03
COMMONWEALTH BOULEVARD	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 008
MARTINSVILLE, VA 24112	SELF-CARE: HEMO	INTERMEDIARY: 00423	RENAL NETWORK: 30
PROVIDER NO: 492527	TRAINING:	CROSS-REFER NO:	PHONE:(703)632-7091
ARTIFICIAL KIDNEY CTR-ECOTERN SHORE	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 071180	HCFA REGION: 03
P.O. BOX 722	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 010
NASSAWADOX, VA 23413	SELF-CARE:	INTERMEDIARY: 00423	RENAL NETWORK: 30
PROVIDER NO: 492524	TRAINING: HEMO	CROSS-REFER NO:	PHONE:(804)442-7656
MARY IMMACULATE HOSPITAL	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 090177	HCFA REGION: 03
800 DENBIGH BLVD	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 008
NEWPORT NEWS, VA 23602	SELF-CARE:	INTERMEDIARY: 00423	RENAL NETWORK: 30
PROVIDER NO: 490041	TRAINING:	CROSS-REFER NO:492304	PHONE:(804)872-0154
RIVERSIDE HOSPITAL	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 080177	HCFA REGION: 03
J CLYDE MORRIS BLVD	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 012
NEWPORT NEWS, VA 23601	SELF-CARE:	INTERMEDIARY: 00423	RENAL NETWORK: 30
PROVIDER NO: 490052	TRAINING: HEMO CAPD	CROSS-REFER NO:492306	PHONE:(804)599-2000

STATE=VIRGINIA CONTINUED

NEWPORT NEWS GENERAL HOSP 5100 MARSHALL AVE NEWPORT NEWS, VA 23605 PROVIDER NO: 490035	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 082986 OWNERSHIP: NONPROFIT INTERMEDIARY: 00423 CROSS-REFER NO:492314	HCFA REGION: 03 TOTAL STATIONS: 003 RENAL NETWORK: 30 PHONE:(804)247-7200
NORFOLK GENERAL HOSP-ESRD 600 GRESHAM DR NORFOLK, VA 23507 PROVIDER NO: 490007	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 080177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00423 CROSS-REFER NO:492300	HCFA REGION: 03 TOTAL STATIONS: 006 RENAL NETWORK: 30 PHONE:(804)628-3156
TIDEWATER RENAL DIALYSIS CENTER 1026 W. 44TH ST NORFOLK, VA 23508 PROVIDER NO: 492502	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 080177 OWNERSHIP: PROFIT INTERMEDIARY: 00423 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 032 RENAL NETWORK: 30 PHONE:(804)489-1150
LEIGH MEMORIAL DIALYSIS CLINIC 844 KEMPSVILLE RD,SUITE 207 NORFOLK, VA 23502 PROVIDER NO: 493500	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 080177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00423 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 018 RENAL NETWORK: 30 PHONE:(804)466-6928
SOUTHSIDE REGIONAL MEDICAL CENTER 801 S. ADAMS ST PETERSBURG, VA 23803 PROVIDER NO: 490067	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 080177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00423 CROSS-REFER NO:492307	HCFA REGION: 03 TOTAL STATIONS: 017 RENAL NETWORK: 30 PHONE:(804)732-7220
PORTSMOUTH GENERAL HOSP 850 CRAWFORD PKWY PORTSMOUTH, VA 23704 PROVIDER NO: 490074	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 080177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00423 CROSS-REFER NO:492309	HCFA REGION: 03 TOTAL STATIONS: 020 RENAL NETWORK: 30 PHONE:(804)398-4211
BMA OF NEW RIVER VALLEY INC 1217 GROVE AVE RADFORD, VA 24141 PROVIDER NO: 492532	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 052683 OWNERSHIP: PROFIT INTERMEDIARY: 00424 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 011 RENAL NETWORK: 30 PHONE:(703)731-0610
MEDICAL COLLEGE OF VA MCV STATION - BOX 468 RICHMOND, VA 23298 PROVIDER NO: 490032	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: HEMO TRAINING: HEMO PERI CAPD CCPD	DATE APPROVED: 080177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00423 CROSS-REFER NO:492303	HCFA REGION: 03 TOTAL STATIONS: 027 RENAL NETWORK: 30 PHONE:(804)786-0938
RICHMOND MEMORIAL HOSP P.O. BOX 26783 RICHMOND, VA 23261 PROVIDER NO: 490069	FACILITY TYPE: DIALYSIS CENTER STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 080177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00423 CROSS-REFER NO:492308	HCFA REGION: 03 TOTAL STATIONS: 025 RENAL NETWORK: 30 PHONE:(804)254-6000
MCQUIRE VA MEDICAL CENTER 1201 BROAD ROCK RD RICHMOND, VA 23249 PROVIDER NO: 49010F	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO PERI CAPD	DATE APPROVED: 080177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00080 CROSS-REFER NO:492310	HCFA REGION: 03 TOTAL STATIONS: 019 RENAL NETWORK: 30 PHONE:(804)231-9011
WEST END DIALYSIS CENTER 7601 FOREST AVE RICHMOND, VA 23229 PROVIDER NO: 492503	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: PROFIT INTERMEDIARY: 00423 CROSS-REFER NO:	HCFA REGION: 03 TOTAL STATIONS: 010 RENAL NETWORK: 30 PHONE:(804)285-8981

STATE=VIRGINIA CONTINUED

COMMUNITY DIALYSIS SERVICES	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 080177	HCFA REGION: 03
1921 WESTMORELAND AVE.	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 016
RICHMOND, VA 23230	SELF-CARE:	INTERMEDIARY: 00423	RENAL NETWORK: 30
PROVIDER NO: 492506	TRAINING: HEMO PERI CAPD CCPD	CROSS-REFER NO:	PHONE:(804)288-4167
ROCKWOOD DIALYSIS CTR	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 042180	HCFA REGION: 03
2505 POCOSHOCK PLACE	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 019
RICHMOND, VA 23235	SELF-CARE:	INTERMEDIARY: 00423	RENAL NETWORK: 30
PROVIDER NO: 492519	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(703)745-4660
EAST END DIALYSIS CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 061885	HCFA REGION: 03
2025 EAST MAIN ST	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 009
RICHMOND, VA 23223	SELF-CARE:	INTERMEDIARY: 00423	RENAL NETWORK: 30
PROVIDER NO: 492534	TRAINING: HEMO	CROSS-REFER NO:	PHONE:(804)643-3050
ROANOKE MEMORIAL HOSP	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 080177	HCFA REGION: 03
BOX 13367 BELLEVIEW AT JEFFERSON	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 008
ROANOKE, VA 24033	SELF-CARE:	INTERMEDIARY: 00424	RENAL NETWORK: 30
PROVIDER NO: 490024	TRAINING: CAPD	CROSS-REFER NO:492302	PHONE:(703)981-7662
BMA OF ROANOKE INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 092677	HCFA REGION: 03
4330 BRAMBLETON AVENUE, SW	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 016
ROANOKE, VA 24018	SELF-CARE:	INTERMEDIARY: 00424	RENAL NETWORK: 30
PROVIDER NO: 492513	TRAINING:	CROSS-REFER NO:	PHONE:(703)989-3371
VETERAN'S MEDICAL CENTER	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 080177	HCFA REGION: 03
1970 ROANOKE BLVD	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 005
SALEM, VA 24153	SELF-CARE:	INTERMEDIARY: 00080	RENAL NETWORK: 30
PROVIDER NO: 49011F	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:492311	PHONE:(703)982-2463
SOUTH BOSTON DIALYSIS FACILITY	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 072379	HCFA REGION: 03
2212 HALIFAX RD	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 010
SO BOSTON, VA 24592	SELF-CARE:	INTERMEDIARY: 00423	RENAL NETWORK: 30
PROVIDER NO: 492516	TRAINING:	CROSS-REFER NO:	PHONE:(804)572-3942
FAIRFAX DIALYSIS CAPD CENTER INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 111385	HCFA REGION: 03
8350 A TRAFORD LANE	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 006
SPRINGFIELD, VA 22150	SELF-CARE:	INTERMEDIARY: 00080	RENAL NETWORK: 23
PROVIDER NO: 492535	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(703)644-7500
AUGUSTA DIALYSIS CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 081982	HCFA REGION: 03
3 IDLEWOOD BLVD	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 012
STAUNTON, VA 24401	SELF-CARE:	INTERMEDIARY: 00423	RENAL NETWORK: 30
PROVIDER NO: 492528	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:	PHONE:(703)885-8906
ARTIFICIAL KIDNEY CENTER OF SUFFOLK	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 011983	HCFA REGION: 03
P.O. BOX 700	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 012
SUFFOLK, VA 23434	SELF-CARE:	INTERMEDIARY: 00423	RENAL NETWORK: 30
PROVIDER NO: 492530	TRAINING:	CROSS-REFER NO:	PHONE:(804)934-0076
VIRGINIA BEACH DIALYSIS CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 082079	HCFA REGION: 03
1127 FIRST COLONIAL RD.	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 013
VIRGINIA BEACH, VA 23454	SELF-CARE:	INTERMEDIARY: 00423	RENAL NETWORK: 30
PROVIDER NO: 492517	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:	PHONE:(804)481-6879

STATE=VIRGINIA CONTINUED

WARRENTON DIALYSIS FACILITY INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 082480	HCFA REGION: 03
578 WATERLOO RD	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 012
WARRENTON, VA 23186	SELF-CARE:	INTERMEDIARY: 00423	RENAL NETWORK: 30
PROVIDER NO: 492525	TRAINING: HEMO PERI CAPD CCPD	CROSS-REFER NO:	PHONE:(703)347-5090
WINCHESTER DIALYSIS CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 072380	HCFA REGION: 03
811 S LOUDOUN ST	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 011
WINCHESTER, VA 22601	SELF-CARE: HEMO	INTERMEDIARY: 00423	RENAL NETWORK: 30
PROVIDER NO: 492523	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(703)667-0227
WOODRIDGE-MANASSAS DIALYSIS FACILITY	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 063080	HCFA REGION: 03
2010 D. OPITZ BLVD.	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 014
WOODBRIDGE, VA 22191	SELF-CARE:	INTERMEDIARY: 00080	RENAL NETWORK: 23
PROVIDER NO: 492521	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(703)494-5168

STATE=VIRGIN ISLANDS

CHARLES HARWOOD MEM HOSP	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 02
ESTATE ORANGE GROVE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 003
CHRISTIANSTEAD, VI 00820	SELF-CARE:	INTERMEDIARY: 57400	RENAL NETWORK: 29
PROVIDER NO: 480002	TRAINING:	CROSS-REFER NO:482301	PHONE:(809)773-6265
ST THOMAS HOSPITAL	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 120182	HCFA REGION: 02
HOSPITAL LINE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 003
ST THOMAS, VI 00801	SELF-CARE:	INTERMEDIARY: 57400	RENAL NETWORK: 29
PROVIDER NO: 480001	TRAINING:	CROSS-REFER NO:482300	PHONE:(809)774-9000

STATE=WASHINGTON

LAKE WASHINGTON KIDNEY CTR 1474-112TH AVE NE,SUITE 100 BELLEVUE, WA 98004 PROVIDER NO: 502505	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 083181 OWNERSHIP: NONPROFIT INTERMEDIARY: 00430 CROSS-REFER NO:	HCFA REGION: 10 TOTAL STATIONS: 007 RENAL NETWORK: 02 PHONE:(206)454-0067
MOUNT BAKER KIDNEY CENTER 3201 ELLIS ST BELLINGHAM, WA 98225 PROVIDER NO: 502501	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 071480 OWNERSHIP: NONPROFIT INTERMEDIARY: 00430 CROSS-REFER NO:	HCFA REGION: 10 TOTAL STATIONS: 004 RENAL NETWORK: 02 PHONE:(206)292-2771
OLYMPIC PENINSULA KIDNEY CENTER 2740 CLARE AVE BREMERTON, WA 98310 PROVIDER NO: 502502	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 101680 OWNERSHIP: NONPROFIT INTERMEDIARY: 00430 CROSS-REFER NO:	HCFA REGION: 10 TOTAL STATIONS: 005 RENAL NETWORK: 02 PHONE:(206)479-5908
PUGET SOUND KIDNEY CTR 3226 NASSAU EVERETT, WA 98201 PROVIDER NO: 502503	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING: HEMO CAPD	DATE APPROVED: 041581 OWNERSHIP: NONPROFIT INTERMEDIARY: 00430 CROSS-REFER NO:	HCFA REGION: 10 TOTAL STATIONS: 009 RENAL NETWORK: 02 PHONE:(206)259-5195
ST JOHN'S HOSPITAL HEMO UNIT 1614 E KESSLER BLVD LONGVIEW, WA 98632 PROVIDER NO: 500041	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING: HEMO	DATE APPROVED: 092485 OWNERSHIP: NONPROFIT INTERMEDIARY: 51500 CROSS-REFER NO:502308	HCFA REGION: 10 TOTAL STATIONS: 003 RENAL NETWORK: 02 PHONE:(206)423-1530
ST PETER HOSPITAL ESRD UNIT 413 N. LILLY RD OLYMPIA, WA 98506 PROVIDER NO: 500024	FACILITY TYPE: DIALYSIS FACILITY-HOSP STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 050786 OWNERSHIP: NONPROFIT INTERMEDIARY: 51051 CROSS-REFER NO:502309	HCFA REGION: 10 TOTAL STATIONS: 009 RENAL NETWORK: 02 PHONE:(206)456-7523
MOUNT RAINIER KIDNEY CTR 4242 E VALLEY HIGHWAY RENTON, WA 98055 PROVIDER NO: 502508	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO SELF-CARE: TRAINING:	DATE APPROVED: 022886 OWNERSHIP: NONPROFIT INTERMEDIARY: 00430 CROSS-REFER NO:	HCFA REGION: 10 TOTAL STATIONS: 007 RENAL NETWORK: 02 PHONE:(206)251-0647
MID COLUMBIA KIDNEY CENTER 943-A STEVENS AVE RICHLAND, WA 99352 PROVIDER NO: 502504	FACILITY TYPE: DIALYSIS FACILITY STAFF-ASSISTED: HEMO PERI SELF-CARE: TRAINING:	DATE APPROVED: 032581 OWNERSHIP: NONPROFIT INTERMEDIARY: 00430 CROSS-REFER NO:	HCFA REGION: 10 TOTAL STATIONS: 002 RENAL NETWORK: 02 PHONE:(509)943-5063
VIRGINIA MASON HOSPITAL 925 SENECA STREET SEATTLE, WA 98101 PROVIDER NO: 500005	FACILITY TYPE: TRANSPLANT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00430 CROSS-REFER NO:502300	HCFA REGION: 10 TOTAL STATIONS: 000 RENAL NETWORK: 02 PHONE:(206)223-6671
UNIVERSITY HOSPITAL 1959 NE PACIFIC ST,RF-25 SEATTLE, WA 98195 PROVIDER NO: 500008	FACILITY TYPE: TRANSPLANT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 00430 CROSS-REFER NO:502301	HCFA REGION: 10 TOTAL STATIONS: 000 RENAL NETWORK: 02 PHONE:(206)545-8067
SWEDISH HOSPITAL MEDICAL CENTER 747 SUMMIT AVENUE SEATTLE, WA 98104 PROVIDER NO: 500027	FACILITY TYPE: TRANSPLANT ONLY STAFF-ASSISTED: SELF-CARE: TRAINING:	DATE APPROVED: 090177 OWNERSHIP: NONPROFIT INTERMEDIARY: 51500 CROSS-REFER NO:502304	HCFA REGION: 10 TOTAL STATIONS: 000 RENAL NETWORK: 02 PHONE:(206)386-6000

CHILDRENS HOSPITAL & MEDICAL CTR	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 090177	HCFA REGION: 10
4800 SAND POINT WAY NE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 002
SEATTLE, WA 98105	SELF-CARE:	INTERMEDIARY: 00430	RENAL NETWORK: 02
PROVIDER NO: 500103	TRAINING:	CROSS-REFER NO:502306	PHONE:(206)526-2131
NORTHWEST KIDNEY CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090177	HCFA REGION: 10
700 BROADWAY	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 042
SEATTLE, WA 98122	SELF-CARE: HEMO PERI	INTERMEDIARY: 00430	RENAL NETWORK: 02
PROVIDER NO: 502500	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:	PHONE:(206)292-2031
SCRIBNER KIDNEY CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 080183	HCFA REGION: 10
2150 N 107TH, SUITE 160	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 004
SEATTLE, WA 98133	SELF-CARE:	INTERMEDIARY: 00430	RENAL NETWORK: 02
PROVIDER NO: 502507	TRAINING:	CROSS-REFER NO:	PHONE:(206)363-5090
SACRED HEART MEDICAL CENTER	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 101681	HCFA REGION: 10
W 101 8TH AVE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 010
SPOKANE, WA 99220	SELF-CARE: HEMO PERI	INTERMEDIARY: 00430	RENAL NETWORK: 02
PROVIDER NO: 500054	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:502305	PHONE:(509)455-3320
ST JOSEPH HOSPITAL	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 10
1718 SOUTH 'I' STREET	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 012
TACOMA, WA 98405	SELF-CARE:	INTERMEDIARY: 00430	RENAL NETWORK: 02
PROVIDER NO: 500108	TRAINING:	CROSS-REFER NO:502307	PHONE:(206)591-6688
FT VANCOUVER KIDNEY CTR	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 080183	HCFA REGION: 10
505 NE 87TH AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 008
VANCOUVER, WA 98664	SELF-CARE:	INTERMEDIARY: 00350	RENAL NETWORK: 02
PROVIDER NO: 503501	TRAINING:	CROSS-REFER NO:	PHONE:(206)245-2323
CENTRAL WASHINGTON HOSPITAL	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 10
ROSEWOOD AT RED APPLE RD	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 002
WENATCHEE, WA 98801	SELF-CARE:	INTERMEDIARY: 00430	RENAL NETWORK: 02
PROVIDER NO: 500016	TRAINING:	CROSS-REFER NO:502303	PHONE:(509)662-1511
ST ELIZABETH MEDICAL CTR	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 10
110 SOUTH 9TH AVE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 005
YAKIMA, WA 98902	SELF-CARE: HEMO PERI	INTERMEDIARY: 00430	RENAL NETWORK: 02
PROVIDER NO: 500012	TRAINING: CAPD	CROSS-REFER NO:502302	PHONE:(509)575-5166

STATE=WEST VIRGINIA

BMA OF BECKLEY	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 060184	HCFA REGION: 03
421 CARRIAGE RD	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 009
BECKLEY, WV 25801	SELF-CARE:	INTERMEDIARY: 00441	RENAL NETWORK: 30
PROVIDER NO: 512505	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:	PHONE:(304)252-9270
APPALACHIAN OH-9	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090177	HCFA REGION: 03
RT 2 BOX 382	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 010
BLUEFIELD, WV 24701	SELF-CARE:	INTERMEDIARY: 00423	RENAL NETWORK: 30
PROVIDER NO: 512501	TRAINING: CAPD	CROSS-REFER NO:	PHONE:(304)325-3621
WEST VIRGINIA DIALYSIS FACILITIES INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 051280	HCFA REGION: 03
3416 MACCORKLE AVE, SE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 028
CHARLESTON, WV 25304	SELF-CARE:	INTERMEDIARY: 00441	RENAL NETWORK: 30
PROVIDER NO: 512503	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:	PHONE:(304)345-7323
UNITED HOSPITAL CENTER DIALYSIS UNIT	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 100785	HCFA REGION: 03
P.O. BOX 1680	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 008
CLARKSBURG, WV 26301	SELF-CARE:	INTERMEDIARY: 00441	RENAL NETWORK: 30
PROVIDER NO: 510006	TRAINING:	CROSS-REFER NO:512308	PHONE:(304)624-2332
WEST VA HEALTH CARE COOPERATIVE INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 052986	HCFA REGION: 03
P.O. BOX 1484	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 003
ELKINS, WV 26241	SELF-CARE:	INTERMEDIARY: 00441	RENAL NETWORK: 30
PROVIDER NO: 512508	TRAINING:	CROSS-REFER NO:	PHONE:(304)636-3300
CABELL-HUNTINGTON HOSP	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 03
1340 HAL GREER BLVD	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 019
HUNTINGTON, WV 25701	SELF-CARE:	INTERMEDIARY: 00441	RENAL NETWORK: 30
PROVIDER NO: 510055	TRAINING: HEMO CAPD	CROSS-REFER NO:512306	PHONE:(304)696-6590
MAN APPALACHIAN REGIONAL HOSP	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 090177	HCFA REGION: 03
600-800 E MCDONALD AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 003
MAN, WV 25635	SELF-CARE:	INTERMEDIARY: 00441	RENAL NETWORK: 30
PROVIDER NO: 510035	TRAINING:	CROSS-REFER NO:512304	PHONE:(304)583-6511
MARTINSBURG DIALYSIS FACILITY	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 021979	HCFA REGION: 03
608 ROCKCLIFF DR	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 008
MARTINSBURG, WV 25401	SELF-CARE:	INTERMEDIARY: 52280	RENAL NETWORK: 30
PROVIDER NO: 512502	TRAINING: CAPD	CROSS-REFER NO:	PHONE:(304)263-0964
WEST VIRGINIA UNIVERSITY HOSP	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 012580	HCFA REGION: 03
P.O. BOX 6401	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 004
MORGANTOWN, WV 26506	SELF-CARE:	INTERMEDIARY: 00441	RENAL NETWORK: 30
PROVIDER NO: 510001	TRAINING: PERI CAPD CCPD	CROSS-REFER NO:512300	PHONE:(304)293-2950
WEST VA HEALTH CARE COOPERATIVE INC	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 070185	HCFA REGION: 03
165 SCOTT AVE-SUITE209	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 011
MORGANTOWN, WV 26505	SELF-CARE: HEMO	INTERMEDIARY: 00441	RENAL NETWORK: 30
PROVIDER NO: 512506	TRAINING: HEMO CCPD	CROSS-REFER NO:	PHONE:(304)291-6543
ST JOSEPHS HOSP	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 052380	HCFA REGION: 03
19TH & MURDOCH AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 008
PARKERSBURG, WV 26101	SELF-CARE:	INTERMEDIARY: 00441	RENAL NETWORK: 30
PROVIDER NO: 510033	TRAINING: CAPD	CROSS-REFER NO:512303	PHONE:(304)424-4111

STATE=WEST VIRGINIA CONTINUED

WELCH DIALYSIS CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 080585	HCFA REGION: 03
90 STEWART ST	STAFF-ASSISTED: HEMO	OWNERSHIP: PROFIT	TOTAL STATIONS: 004
WELCH, WV 24801	SELF-CARE:	INTERMEDIARY: 00441	RENAL NETWORK: 30
PROVIDER NO: 512507	TRAINING:	CROSS-REFER NO:	PHONE:(304)436-8428
WHEELING DIALYSIS CENTER	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 010184	HCFA REGION: 03
MEDICAL PARK	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 015
WHEELING, WV 26003	SELF-CARE:	INTERMEDIARY: 00441	RENAL NETWORK: 30
PROVIDER NO: 510050	TRAINING: HEMO PERI CAPD CCPD	CROSS-REFER NO:512305	PHONE:(304)233-2280

STATE=WISCONSIN

LUTHER HOSPITAL	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 05
1221 WHIPPLE ST	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 014
EAU CLAIRE, WI 54701	SELF-CARE:	INTERMEDIARY: 00450	RENAL NETWORK: 13
PROVIDER NO: 520070	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:522311	PHONE:(715)B39-3171
ST VINCENT HOSPITAL	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 05
1324 S WEBSTER (P.O. BOX 1350B)	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 014
GREEN BAY, WI 54307	SELF-CARE:	INTERMEDIARY: 00450	RENAL NETWORK: 13
PROVIDER NO: 520075	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:522312	PHONE:(414)338-B200
GREEN BAY KIDNEY DIALYSIS CTR	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 100285	HCFA REGION: 05
1910 RIVERSIDE DR	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 011
GREEN BAY, WI 54301	SELF-CARE:	INTERMEDIARY: 00450	RENAL NETWORK: 13
PROVIDER NO: 522501	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:	PHONE:(414)432-8716
ST CATHERINES HOSPITAL	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 05
3556 SEVENTH AVE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 004
KENOSHA, WI 53140	SELF-CARE:	INTERMEDIARY: 00450	RENAL NETWORK: 13
PROVIDER NO: 520069	TRAINING: CAPD	CROSS-REFER NO:522310	PHONE:(414)656-3791
LACROSSE LUTHERAN HOSPITAL	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 05
1910 SOUTH AVENUE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 011
LACROSSE, WI 54601	SELF-CARE: HEMO PERI	INTERMEDIARY: 00450	RENAL NETWORK: 13
PROVIDER NO: 520087	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:522313	PHONE:(608)785-0530
METHODIST HOSPITAL	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 05
309 WEST WASHINGTON AVENUE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 010
MADISON, WI 53713	SELF-CARE: HEMO	INTERMEDIARY: 00450	RENAL NETWORK: 13
PROVIDER NO: 520043	TRAINING: HEMO	CROSS-REFER NO:522305	PHONE:(608)251-2371
UNIV OF WISCONSIN HOSP & CLINICS	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 090177	HCFA REGION: 05
600 HIGHLAND AVE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 007
MADISON, WI 53792	SELF-CARE:	INTERMEDIARY: 00450	RENAL NETWORK: 13
PROVIDER NO: 52009B	TRAINING: PERI CAPD	CROSS-REFER NO:522316	PHONE:(60B)263-B000
BAY AREA MEDICAL CENTER	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 090177	HCFA REGION: 05
3100 SHORE DRIVE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 002
MARINETTE, WI 54143	SELF-CARE:	INTERMEDIARY: 00450	RENAL NETWORK: 13
PROVIDER NO: 520113	TRAINING: CAPD	CROSS-REFER NO:522317	PHONE:(715)735-6621
ST JOSEPHS HOSPITAL	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 090177	HCFA REGION: 05
611 ST JOSEPH AVENUE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 009
MARSHFIELD, WI 54449	SELF-CARE:	INTERMEDIARY: 00450	RENAL NETWORK: 13
PROVIDER NO: 520037	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:522302	PHONE:(715)387-1713
ST MICHAEL HOSPITAL	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 05
2400 WEST VILLARD AVENUE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 009
MILWAUKEE, WI 53209	SELF-CARE:	INTERMEDIARY: 00450	RENAL NETWORK: 13
PROVIDER NO: 520040	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:522304	PHONE:(414)263-B000
ST MARYS HOSPITAL	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 05
2323 N LAKE DR (P.O. BOX 503)	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 006
MILWAUKEE, WI 53201	SELF-CARE:	INTERMEDIARY: 00450	RENAL NETWORK: 13
PROVIDER NO: 520051	TRAINING: CAPD	CROSS-REFER NO:522307	PHONE:(414)2B9-7000

STATE=WISCONSIN CONTINUED

MT SINAI MEDICAL CENTER	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 090177	HCFA REGION: 05
950 NORTH ST (P.O. BOX 342)	STAFF-ASSISTED:	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 004
MILWAUKEE, WI 53233	SELF-CARE: HEMO PERI	INTERMEDIARY: 00450	RENAL NETWORK: 13
PROVIDER NO: 520064	TRAINING: HEMO PERI	CROSS-REFER NO:522308	PHONE:(414)289-8001
ST LUKES HOSPITAL	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 05
2900 WEST OKLAHOMA AVENUE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 010
MILWAUKEE, WI 53215	SELF-CARE:	INTERMEDIARY: 00450	RENAL NETWORK: 13
PROVIDER NO: 520138	TRAINING: CAPD	CROSS-REFER NO:522318	PHONE:(414)647-6423
FROEDTERT MEMORIAL LUTHERAN HOSP	FACILITY TYPE: TRANSPLANT/DIALYSIS CTR	DATE APPROVED: 043081	HCFA REGION: 05
9200 W WISCONSIN AVE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 009
MILWAUKEE, WI 53226	SELF-CARE:	INTERMEDIARY: 00450	RENAL NETWORK: 13
PROVIDER NO: 520177	TRAINING: CAPD	CROSS-REFER NO:522322	PHONE:(414)259-3000
GOOD SAMARITAN MEDICAL CENTER	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 010185	HCFA REGION: 05
2000 WEST KILBOURN AVE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 011
MILWAUKEE, WI 53233	SELF-CARE:	INTERMEDIARY: 00450	RENAL NETWORK: 13
PROVIDER NO: 520020	TRAINING: HEMO PERI CAPD	CROSS-REFER NO:522309	PHONE:(414)933-9600
CHILDRENS HOSPITAL OF WISCONSIN	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 012986	HCFA REGION: 05
1700 W WISCONSIN AVE(BOX 1997)	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 004
MILWAUKEE, WI 53233	SELF-CARE: HEMO PERI	INTERMEDIARY: 00450	RENAL NETWORK: 13
PROVIDER NO: 523300	TRAINING: HEMO PERI	CROSS-REFER NO:522319	PHONE:(414)931-4185
THEDA CLARK MEM HOSP	FACILITY TYPE: INPATIENT ONLY	DATE APPROVED: 090177	HCFA REGION: 05
130 2ND ST	STAFF-ASSISTED:	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 000
NEENAH, WI 54956	SELF-CARE:	INTERMEDIARY: 00450	RENAL NETWORK: 13
PROVIDER NO: 520045	TRAINING:	CROSS-REFER NO:522306	PHONE:(414)729-3100
FOX VALLEY REGIONAL DIALYSIS CENTER	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 090177	HCFA REGION: 05
216 N. COMMERCIAL STREET	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 017
NEENAH, WI 54956	SELF-CARE:	INTERMEDIARY: 00450	RENAL NETWORK: 13
PROVIDER NO: 522500	TRAINING: HEMO CAPD	CROSS-REFER NO:	PHONE:(414)725-7861
ST LUKES HOSPITAL	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 05
1320 WISCONSIN AVENUE	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 013
RACINE, WI 53403	SELF-CARE:	INTERMEDIARY: 00450	RENAL NETWORK: 13
PROVIDER NO: 520094	TRAINING: CAPD	CROSS-REFER NO:522315	PHONE:(414)636-2011
LAKEVIEW MEDICAL CENTER	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 030178	HCFA REGION: 05
1100 NORTH MAIN ST	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 004
RICE LAKE, WI 54868	SELF-CARE:	INTERMEDIARY: 00450	RENAL NETWORK: 13
PROVIDER NO: 520011	TRAINING: HEMO	CROSS-REFER NO:522320	PHONE:(715)234-1515
ST NICHOLAS HOSP	FACILITY TYPE: DIALYSIS FACILITY-HOSP	DATE APPROVED: 031582	HCFA REGION: 05
1601 N TAYLOR DR	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 003
SHEBOYGAN, WI 53081	SELF-CARE:	INTERMEDIARY: 00450	RENAL NETWORK: 13
PROVIDER NO: 520044	TRAINING: HEMO	CROSS-REFER NO:522323	PHONE:(414)459-8300
ST MICHAEL'S HOSP	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 05
900 ILLINOIS AVE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 008
STEVENS POINT, WI 54481	SELF-CARE:	INTERMEDIARY: 00450	RENAL NETWORK: 13
PROVIDER NO: 520002	TRAINING: PERI CAPD	CROSS-REFER NO:522300	PHONE:(715)346-5000

STATE=WISCONSIN CONTINUED

WAUPUN MEMORIAL HOSPITAL	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 05
620 W BROWN ST	STAFF-ASSISTED: HEMO	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 006
WAUPUN, WI 53403	SELF-CARE:	INTERMEDIARY: 00450	RENAL NETWORK: 13
PROVIDER NO: 520025	TRAINING:	CROSS-REFER NO:522301	PHONE:(414)324-5581
HOWARD YOUNG MEDICAL CTR	FACILITY TYPE: DIALYSIS CENTER	DATE APPROVED: 090177	HCFA REGION: 05
240 MAPLE ST, P.O. BOX 470	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: NONPROFIT	TOTAL STATIONS: 006
WOODRUFF, WI 54568	SELF-CARE:	INTERMEDIARY: 00450	RENAL NETWORK: 13
PROVIDER NO: 520091	TRAINING: HEMO PERI	CROSS-REFER NO:522314	PHONE:(715)356-8000

STATE=WYOMING

SOUTHEASTERN WYOMING DIALYSIS CTR	FACILITY TYPE: DIALYSIS FACILITY	DATE APPROVED: 012378	HCFA REGION: 08
1111 LOGAN AVE	STAFF-ASSISTED: HEMO PERI	OWNERSHIP: PROFIT	TOTAL STATIONS: 007
CHEYENNE, WY 82001	SELF-CARE:	INTERMEDIARY: 00460	RENAL NETWORK: 05
PROVIDER NO: 532501	TRAINING: PERI CAPD	CROSS-REFER NO:	PHONE:(307)632-6457

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